



Office of the Registrar
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Transcripts, PO Box 32009, John E. Thomas Building, Boone, NC 28608 / FAX (828) 262-7043, Phone (828) 262-2052

Last Name: _____ First Name: _____ Middle Name: _____

Name used at ASU (if different than current):

Last Name: _____ First Name: _____ Middle Name: _____

Street: _____ City: _____ State: _____ ZIP: _____

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Student/Banner ID Number (Optional): _____ Approx. Last Date Attended: _____

Date of Birth: _____ Currently Enrolled? Yes ___ No ___

Comments/Special Requests:

[Empty box for comments]

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*Student Signature: _____ Date: _____

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