

ALASKA PACIFIC UNIVERSITY

(Formerly Alaska Methodist University)

Registrar's Office
4101 University Drive
Anchorage AK 99508-4672

PHONE: 907-564-8210 FAX: 907-563-9640

Transcript Request

Make sure your request is complete.
An incomplete request will be returned unprocessed.

Print neatly – Use one form for each recipient.

Are you currently taking classes at Alaska Pacific?

- Yes No

If no, give Term/Year of first attendance: _____

Term/Year of last attendance: _____

Send transcript now.

Hold for pick up. **Phone #:** _____
Second party pick up requires written and signed authorization.

Hold until current grades are posted. List courses below:

Hold until degree is posted.

PLEASE NOTE:

We do not fax the transcript on student's behalf.

Registrar's Office takes responsibility for handling the transcript request in a prompt and efficient manner. We are not responsible for mishandling by the U.S. Postal Service or by the receiving school or agency. Replacements cannot be issued without the normal transcript fee.

Transcripts will be released only when all financial obligations to the University are met.

Due to the Family Educational Rights and Privacy Act of 1974, student signature is required for release of transcripts. >>>>>>>

Student's Name & Address – Print neatly

Registrar's Office (revised 06/30/2010)

Student's Full Legal Name – (first, middle, last) _____

Previous Names Used _____

Social Security Number _____ Birth Date _____

Email Address _____

Home Phone _____ Work Phone _____

Indicate number of transcripts in the space below.
All transcript fees are nonrefundable.

_____ **Official Transcript \$7.00 Per Copy**
of Copies
Average processing time varies from 1 – 3 weeks.

_____ **Expedited Official Transcript**
of Copies \$15.00 for first copy, \$6.00 for each
additional copy (ordered at the same time).
Mailed within three business days of payment.

_____ **Unofficial Transcript \$4.00 Per Copy**
of Copies
Average processing time 1 – 3 weeks.

USPS Express Mail requires additional \$25.00 per address

Cash/Check

Discover / VISA / MasterCard Number & Expiration Date

CVV2 # (3-digit # after card # on back of card) = _____

Transcript will not be sent without STUDENT'S SIGNATURE.

For Office Use Only **Transcript Record**

Amount Paid _____

Date Paid _____

Receipt # _____

Date Mailed _____