

Alaska Commission on Postsecondary Education

P.O. Box 110505 Juneau, Alaska 99811-0505 Toll Free: (800) 441-2962 • TDD: (907) 465-3143 In Juneau: (907) 465-2962 • Fax: (907) 465-5316 acpe.alaska.gov

Transcript Request

Instructions: Complete the information below to request a copy of your transcript from a closed Alaska postsecondary institution. Email the signed form to <u>ACPE@alaska.gov</u>, or mail or fax to ACPE at the address above. The academic record will be sent within 5-10 business days of the date the completed form is received. If the transcript has been archived, please allow an additional five business days for delivery.

PART I: Student Inform	nation		
Name:			
		SSN:	
Address:			City:
State:	Zip:	Email:	
PART II: Closed School	Information		
Name of Institution:			
PART III: Closed Schoo	l Information		
Choose one or both of the de	elivery options b	elow:	
School or emplo	oyer Address (in	dicate below)	
Student address	above (includes	a student copy and a sealed off	icial copy)
			City:
State:	Zıp:	Fax Number:	
PART IV: Certification			
By signing, I certify under p that I am the person named of			vided is true to the best of my knowledge, and
Signature:			Date:
			e same manner as if I had signed in a non-electronic form. By

electronically signing, you consent to be legally bound by this Agreements terms and conditions. Your further agree that your use of a key pad, mouse, or other device to electronically sign, constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and ACPE.

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