

## 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 If the transcript has been archived, please allow an additional five business days for delivery.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 Infor	mation		
Name:			
		SSN:	
Address:			City:
State:	Zip:	Email:	
PART II: Closed School	ol Information		
Name of Institution:			
PART III: Closed Scho	ool Information		
Choose one or both of the	delivery options b	pelow:	
School or emp	oloyer Address (in	dicate below)	
Student addres	ss above (includes	s a student copy and a sealed offic	ial copy)
	s: City:		
State:	Zip:	Fax Number:	
PART IV: Certification	n		
By signing, I certify under that I am the person named			ded is true to the best of my knowledge, and
Signature:			Date:
			ame 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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