



## Transcript Request

**Instructions:** Complete the information below to request a copy of your transcript from a closed Alaska postsecondary institution. Mail or fax the signed form to ACPE at the address above, or scan and email it to ACPE@alaska.gov. 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 If the transcript has been archived, please allow an additional five business days for delivery.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 Information

---

Name: \_\_\_\_\_

Name(s) used while attending school: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PART II: Closed School Information

---

Name of Institution: \_\_\_\_\_

City where school was located: \_\_\_\_\_

### PART III: Send Transcript To (student may request multiple delivery methods)

---

Choose one or both of the delivery methods below:

- School or employer address (indicate below)       Student address above (includes a student copy and a sealed official copy)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PART IV: Certification

---

By signing, I certify under penalty of perjury that all information I have provided is true to the best of my knowledge, and that I am the person named on the requested transcript.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_