



Transcript Request Form

Office of the Registrar
 P. O. Box 4448, Clarksville, TN 37044
 Phone: (931) 221-7150 • Fax (931) 221-6264

Transcripts are issued in accordance with the Federal "Family Education Rights and Privacy Act of 1974" and only sent to a third party by written request from the student.

Please complete a request form for each address to which you want your transcript sent. After completing this form, please print and sign. Fax or mail the signed request(s) to the above number or address.

Last Name		First Name		Middle Name	Maiden Name
Current Street Address				Student ID or SSN	Date of Birth
City		State	Zip	Current Daytime Phone	
Number of Transcripts Needed _____	First Term/Year Enrolled _____	Last Term/Year Enrolled _____	Did you graduate? ___ Yes ___ No	Email Address	
Please process immediately ___ Yes ___ No			Hold for current term grades ___ Yes ___ No	Hold for degree statement ___ Yes ___ No	
Signature to request transcripts X			Date	Please allow 5 working days during the semester and 10 working days at the beginning and end of each semester for transcript service.	

MAIL TO: (If you wish to pick up your transcript, please print "pick up" in the name section):

Name (Person)	There is no charge for transcript service unless we FAX your transcript for you. The charge for faxing is \$1.00 per page (includes cover page) and \$15.00 per page for international fax. This will be charged to your APSU account.
Business or Institution	
Street Address	Fax No. _____
City, State, Zip	Faxed transcripts may not be considered as "official"

Office Use Only

NO TRANSCRIPT WILL BE ISSUED IF ANY FINANCIAL OBLIGATION TO THE UNIVERSITY EXISTS OR IF YOU HAVE NOT COMPLETED THE ADMISSION PROCESS.	Date Processed _____ Initials _____
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