

--	--	--	--	--	--	--	--	--	--



Transcript Request Form

Office of the Registrar

P. O. Box 4448, Clarksville, TN 37044

Phone: (931) 221-7150 • Fax: (931) 221-6264 • Email: registrar@apsu.edu

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, mail or email the signed request(s) to the above number or address.

Last Name		First Name		Middle Name	Maiden Name
Current Street Address				Student ID	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 5-7 business days for transcript service. There is no charge.

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

Name (Person)
Business or Institution
Street Address
City, State, Zip

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 _____