



35109 Royal Place • Soldotna, Alaska 99669 • (907) 260-7422 • FAX: (907) 260-6722

## TRANSCRIPT REQUEST FORM

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

Last 4 digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

# of copies: \_\_\_\_\_  Official Transcript  Unofficial Transcript

Please mail transcripts:  Now  After current semester  I will pick up

I am:  currently enrolled at ACC  NOT currently enrolled at ACC

Mail Transcript to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All prior financial obligations must be met before transcripts will be released.**

Office use:

Business office OK: \_\_\_\_\_

Date issued: \_\_\_\_\_ Sent by: \_\_\_\_\_

Current Information updated in Populi: \_\_\_\_\_