

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 If the transcript has been archived, please allow an additional five business days for delivery.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: Studen	nt Information		
Daytime Phone Number:			
Address:			
PART II: Close	d School Information		
Name of Institution:			
City where school was located:			
PART III: Closed School Information			
Choose one or both of the delivery options below:			
School or employer Address (indicate below)			
Student address above (includes a student copy and a sealed official copy)			
Name:			
			City:
State:	Zip:	Fax Number:	
PART IV: Certi	ification		
	fy under penalty of perjury on named on the requested		ed is true to the best of my knowledge, and

Signature:

Alaska

ommission on

Postsecondary

Education

Date:

I understand that electronically signing and submitting this document to ACPE legally binds me in the same 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.