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## 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.

### This form is for requesting printed transcripts only.

Please complete a request form for each physical address to which you want your transcript mailed. All fields must be completed or the request will not be processed. You may fax, mail, or email the signed request form.

Last Name		First Name		Middle Name	Other Last Names
Current Street Address				Student A Number 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? <b>Yes      No</b>		Email Address
Process Immediately: <b>Yes      No</b>			Hold for current term grades? <b>Yes      No</b>		Hold for degree statement? <b>Yes      No</b>
<b>HANDWRITTEN SIGNATURE REQUIRED</b>			Date		<b>Please allow up to 10 business days for processing.</b>
<b>X</b>					

**MAIL TO:** (To pick up your transcript in person, please print "pick up" below)

Attention:
Business or Institution Name
Street Address
City, State, Zip

<b>NO TRANSCRIPT WILL BE ISSUED IF ANY FINANCIAL OBLIGATION TO THE UNIVERSITY EXISTS OR IF YOU HAVE NOT COMPLETED THE ADMISSION PROCESS.</b>	<b>Office Use Only</b> Date Processed _____ Initials _____
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