

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 use the Parchment system to order an Official Transcript electronically.

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 Name(s)	Last Four of SSN	A# (if unknown please put N/A)
Date of Birth	Current E-mail Address	Current Daytime Phone
Current Street Address		
City, State, and Zip Code		
Hold for Current Term Grade	Hold for Degree Statement	Did you graduate?
Yes No	Yes No	Yes No
Number of Transcripts Needed	First Term/Year Enrolled	Last Term/Year Enrolled
Signature	Date Signed	

MAIL TO: If you would prefer to pick-up your transcript, please write 'pick-up' in the 'Attention' Line

Attention

Business or Institution Name

Street Address

City, State, and Zip Code

Please allow up to 10 business days for processing of transcripts.

If you have any holds on your account, these will need to be resolved before your transcript can be processed.