

Transcript Request Form

Office of the Registrar
P.O. Box 4448
Clarksville, TN 37044
Phone: (931) 221-7150
Fax: (931) 221-6264
Email: otr@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 Grades

Yes No

Note: Hold for Degree means to hold your transcript *until* your degree is conferred so that it will appear on the Transcript.

Hold for Degree Statement

Yes No

Did you graduate?

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.