

## ARROYO PACIFIC ACADEMY TRANSCRIPT REQUEST FORM

(Please Print Le	gibly)				
Student Name			AP ID #	DATE	
Current Addre	ess				
Email			Phone Numbe	er	
Current Grade	e Level	<b>OR</b> Year of Grad	duation:		
processing of sent via USPS determined ba	transcripts for a Priority Mail. W ased upon the c	lumni are compliment e will email the trackin ountry's postage and p	schools/colleges/universities tary unless rush or special shiping number to you. Internation processing fees. Please pay by anscript. Email completed for research.	oping is required. San nal transcript mailing clearly identified wi	ne day processing is fee to be re transfer and
€ Officia	al Transcript to	be mailed and/or ema	ailed to a college/university:		
Schoo	l Name:				
Schoo	l Address and/c	r Email:			
€ Unoff	icial Transcript	to be emailed or mail	istrar office within 3 working ed to the following address w	vithin 3 working days	at no charge:
					_
Regula	ent by cash or cl ar 3 Day Process Fee- Same Day F			mplimentary	_
	-	•	Incomplete forms will not be se of form completion. Please	-	
Office Use Only	r:				
Date Received _		_ Date Completed	Completed By		-
Amount \$	Cash	Check	USPS Tracking #		