



Office of the Registrar ESC • 3211 Providence Drive Anchorage, AK 99508 907-7861480

Official Paper Transcript Request

Full legal name: _____

Previous name(s): _____

UA Student ID or Last Four of SSN: _____ DOB: _____ Dates of attendance: _____

Phone number: _____ Email address: _____

Mailing address: _____

Student signature _____ Date: _____

Please sign using an ink pen. Forms without a handwritten signature cannot be processed.

Important Information

- x UAA is prohibited from accepting credit card information. Do not submit this form with credit card information. It will be shredded upon receipt.
- x