

UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • PO Box 141629 • Anchorage, AK 99514-1629 • 907-786-1480

Adult Learning Center (ALC) - Transcript Request

Full Legal Name _____ UA Student ID (if known) _____

Previous Name(s) _____

Address _____ City _____ State _____ Zip _____ Social Security Number _____

Daytime phone _____ Email address _____ Date of birth _____

Dates of attendance _____

Student signature _____ Date _____

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

Important Information

- UAA is prohibited from accepting credit card information. **Do not submit this form with credit card information. It will be shredded upon receipt.**
- Transcripts are not issued to individuals with outstanding financial obligations to the University of Alaska.

Cost

- \$7 per ALC transcript

Order Information

I am requesting _____ ALC transcript(s).
(Total quantity)

Pick up at the University Center. Quantity: _____

Mail to address below. Quantity: _____ (If you need an ALC transcript mailed to more than one address, provide addresses on a separate sheet of paper and attach to this request.)

Recipient _____ Attention _____

Mailing Address _____ City, State, Zip _____

Payment Information

Check – Please make payable to the University of Alaska Anchorage.

Credit Card – **May only be used if submitting in person at the University Center.**

Please email uaa.records@alaska.edu with questions.