

Barcode label

DOCUMENT COPYING REQUEST

RECEIVED



SID label
Office use only

Office use only

Term _____

P _____

Students can request copies of educational documents from their file for **\$0.25 per page**.

- Requested copies are stamped unofficial.
- Transcripts from other schools (high school or college) will not be duplicated.
- Only documents allowed by the Family Educational Rights and Privacy Act will be released.
- Document copying requests will be processed as time permits.

Please complete the following information.

STUDENT'S NAME _____ **UA ID #** _____
 LAST FIRST M

CURRENT MAILING ADDRESS:

PHONE NUMBERS:

Street & No. or PO Box _____

Day _____

City, State, Zip _____

Evening _____

E-Mail Address _____

Cell _____

Please indicate the name used, if you have attended under another name: _____

Are you currently enrolled at UAF? Yes No If not, when were you last enrolled? _____

I hereby request copies of the following documents from my student file:

Total cost to be determined when copies are made.

Payment must be received before copies can be mailed or at time of pick up

Please contact me with the cost by phone Yes No

Please mail copies to the address above I will pick copies up at the UAF Registrar's office.

Student Signature _____ Date _____

Picture ID is required with this form. Verified by _____ Date _____

(If mailed or faxed, an enlarged photocopy of ID with a signature is required.)

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No of pages _____ x .25 = _____ Paid: Cash _____ Check _____ Visa _____

Processed by _____ Date _____