

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Day

\_\_\_\_\_  
Evening

\_\_\_\_\_  
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 \_\_\_\_\_