

ARROYO PACIFIC ACADEMY TRANSCRIPT REQUEST FORM

(Please Print Legibly)					
Student Name		AP ID #	DATE		
Current Address					
Email		Phone Number			
Current Grade Level	OR Year of Graduat	ion:			
processing of transcript sent via USPS Priority N determined based upor	only mailed directly to other schots for alumni are complimentary Mail. We will email the tracking nother country's postage and processed, we will send out the transcr	unless rush or special ship number to you. Internation cessing fees. Please pay by	oping is required. Re nal transcript mailing clearly identified w	gular processing is g fee to be ire transfer and	
Official Transe	cript to be mailed and/or emaile	ed to a college/university:	,		
School Name: _					
School Address	and/or Email:				
Unofficial Tranchcharge:Name:	nscript to be picked up in registinscript to be emailed or mailed t	to the following address w	vithin 3-5 working d	days at no	
				_	
	sh, check, or zelle: y processing \$15 prrocessing\$35	Alumni Con	nplimentary		
	rm legibly and completely. Incoing days wait time from date of	•	•	•	
Office Use Only:					
Date Received	Date Completed	Completed By		_	
Amount \$ Ca	ash Check	HSPS Tracking #			