



**Office of the Registrar**  
 907-474-6300 • 877-474-6046  
 uaf-registrar@alaska.edu

RECEIVED

# APOSTILLE DIPLOMA/TRANSCRIPT REQUEST FORM

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Office use only

Should any country requiring a diploma or official transcript also require an apostille, we can certify and notarize your diploma or official transcript and forward it to the Office of the Lieutenant Governor of Alaska for processing.

Please provide your full name that is currently on record with the Office of the Registrar OR the last name officially on file when you graduated. This is the name that will be printed on your diploma/transcript. Students may change their name by completing a UA Change Form (available online at [www.uaf.edu/reg](http://www.uaf.edu/reg) under Student Forms) and providing required official documents. Former or current UA employees must contact Human Resources for name changes. Please submit completed form to the Office of the Registrar.

Diplomas will be printed with current signatures of the University President, Chancellor, and Chair of the Board of Regents.

**Country Receiving Records:**

CONTACT INFORMATION

First Name	Middle Name	Last or Family Name (please give your full legal name)			UA Student ID
Current mailing address		City	State	Zip Code	Address available until
Date of Birth	Phone (include area code)		E-mail		
Billing address (if different from mailing)					

DEGREE INFORMATION

1. Degree or Certificate Earned: \_\_\_\_\_ Major: \_\_\_\_\_  
 (Indicate if CERT, AA, AS, AAS, BA, BBA, BS, MA, MBA, MS, PHD, etc.)  
 Award Date: \_\_\_\_\_

2. Degree or Certificate Earned: \_\_\_\_\_ Major: \_\_\_\_\_  
 (Indicate if CERT, AA, AS, AAS, BA, BBA, BS, MA, MBA, MS, PHD, etc.)  
 Award Date: \_\_\_\_\_

COST AND PAYMENT

ORDER INFORMATION		PAYMENT INFORMATION	
Quantity	Type	Total	To pay by Visa or Mastercard, please call the Office of the Registrar (907-474-6300) or turn in this form in person.  Check #: _____ Amount: _____  Received by: (Office Staff, initial here)
	Diploma x \$25.00		
	Transcript x \$20.00		

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_