



**DOCUMENT COPYING REQUEST**

Office of Admissions and the Registrar  
 102 Signers' Hall, PO Box 757495  
 (907) 474-7500 (Fax) 474-7097  
[registrar@uaf.edu](mailto:registrar@uaf.edu)

SEMESTER \_\_\_\_\_  **COMPLETED**

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

- 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. Payment required at the time of the request.

|                             |       |        |  |
|-----------------------------|-------|--------|--|
| <b>STUDENT'S NAME</b> _____ |       |        |  |
| LAST                        | FIRST | MIDDLE |  |
| UA ID # _____               |       |        |  |

|                                |             |                        |                         |
|--------------------------------|-------------|------------------------|-------------------------|
| <b>CURRENT MAILING ADDRESS</b> |             |                        |                         |
| _____                          |             |                        |                         |
| EMAIL _____                    |             |                        |                         |
| STREET & NO. _____             |             | DAY PHONE NUMBER _____ |                         |
| CITY _____                     | STATE _____ | ZIP _____              | CELL PHONE NUMBER _____ |

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                           |              |
|---------------------------|--------------|
| Student's Signature       | Date         |
| <b>REGISTRAR'S OFFICE</b> | Verified by  |
|                           | Date         |
| <b>REGISTRAR'S OFFICE</b> | Processed by |
|                           | Date         |

|                 |
|-----------------|
| <b>RECEIVED</b> |
| Office use only |