

Alaska Vocational Technical Center (AVTEC)

Records Request Form

Office of Student Records

PO BOX 889

Seward, AK 99664

Phone: (907) 224-6166 Fax: (907) 224-4400 E-mail: records@avtec.edu

- ALL FINANCIAL OBLIGATIONS TO AVTEC MUST BE MET BEFORE RECORDS CAN BE RELEASED
- REQUESTS MUST BE MADE IN WRITING, IN ACCORDANCE WITH FEDERAL LAW; ALLOW TEN WORKING DAYS FOR PROCESSING
- PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY

Name:	Dates of Attendance
Name during attendance, if different from above:	
Date of Birth	Last 4 of SSN (Optional)
Home address:	
Contact information	
Phone:	E-mail:

Your signature: _____ **Date:** _____

Record type:

- Unofficial transcript Certificate and Training Summary
 Official transcript Unofficial transcript

Please send Records:

- Regular Processing
 ASAP

Academic record:

- Undergraduate Graduate Non-matriculated student

Transcript Processing Instructions:

I will pick up transcripts on: _____ / AM - PM # of copies _____

Mail my transcripts to: *please list a complete address where your transcripts are to be mailed- the Registrar's Office is not responsible for incorrect or incomplete addresses which may result in your transcript being lost or undeliverable.* # of copies _____

Additional addresses may be listed on the back of this form.

For office use: date processed: _____ Initials _____