



This form is to be used by students requesting an official transcript from APT. All fields must be completely filled.

**PLEASE TYPE OR PRINT CLEARLY**

**PERSONAL DETAILS**

Full Legal Name \_\_\_\_\_

Other Names Used \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Social Security # \_\_\_\_\_

**CONTACT DETAILS**

Email Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Residential Address \_\_\_\_\_

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

\* If this is a permanent address and/or phone number change, please mark here:

**TRANSCRIPT REQUEST**

Mail transcript(s) to \_\_\_\_\_ Mail transcript(s) to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of transcript(s) \_\_\_\_\_ Number of transcript(s) \_\_\_\_\_

Special Instructions (mark appropriate box):  Mail immediately  Mail after all grades received  Mail immediately  Mail after all grades received

**PAYMENT METHOD**

Please choose the method with which you wish to pay for your transcript(s)\*\*

\*\* The first two transcripts in a student's lifetime from APT are given at no charge. All subsequent transcripts cost \$10 and are non-refundable.

Method of payment:

Check (enclosed)

Credit Card: (please check the card type):  Visa  MC  AMEX  DISCOVER

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this Official Transcript Request form to:**

Admissions and Records  
Applied Professional Training  
P.O. Box 131717  
Carlsbad, CA 92013

**Contact Us:**

Phone 800-431-8488  
Fax 888-431-8588  
Website [www.aptc.edu](http://www.aptc.edu)

