



Inter American University of Puerto Rico

Office of the Registrar

ACADEMIC TRANSCRIPT REQUEST

Father's Surname		Mother's Maiden Surname		First Name		Initial	
Identification Number	Telephone Number	Email		Date of Birth			Number of Copies
				Month	Day	Year	
Send: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of current session			Mailing Address: 			Date of Graduation	
						Month	Year
						Starting date of studies IAUPR	
Month		Year					
Degree Attained:		Campus:		<input type="checkbox"/> I want only the following level of studies to be included: _____ (see Instructions)			
Sent Transcript to: (Use block letters)						Official Use	
_____ Student's Signature							
			Month	Day	Year		

INSTRUCTIONS

1. This request must be presented at the Bursar's Office for payment and further processing.
2. If you want only one level of studies in your transcript, select the box assigned for this and specify the level. **Technical Certificates (T), Associate Degree (A), Bachelor's Degree (B), Professional Certificate (P), Master's Degree (M), Doctor's Degree (D).**
3. A separate application must be completed for each addressee.

NOTE

The academic transcript is a confidential and private document. Copies of the transcript will be issued only at the request of the student. Official copies of the transcript will be sent directly by Inter American University to the institution or agency designated by the student. The University does not consider transcripts issued directly to the student as official copies.