

AMERICAN SAMOA COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR

Phone: (684) 699-9155 ext: 2003

Fax: (684) 699-1083

Email: records@amsamoa.edu

TRANSCRIPT REQUEST FORM

The Finance Office handles payment/financial clearance. A receipt of payment and financial clearance must be submitted to the Records Office with completed transcript request form before a transcript is released. Requested transcript(s) will be processed in 3 or more business days from the date of receipt, on a first come, first served basis.

Student's Name: _____

Previous Name(s): _____

SS#: _____

DOB: _____

Phone: _____

Email: _____

Student's Address: _____

Major Degree Awarded: _____

Awarded Date: _____

of Official Transcript (@ \$5.00 ea.) _____

of Student's copy: (@ \$2.50 ea) _____

Check One (method of receiving the transcript)

☐

Mail

☐

Pick-up

☐

Email: _____

Purpose of Transcript
(Check One)

Cohort ☐

Scholarship ☐

Transfer ☐

Military ☐

Employment ☐

Graduation ☐

Personal ☐

Off-Island Request ☐

Mailing Address for Transcript

1. _____

2. _____

I, the undersigned, hereby give my permission for ASCC to release my Transcript to the
Institute/Organization/Person(s) listed below:

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date received: _____

Received by: _____