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: _____