SELVIET.	ICANA DE
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Inter American University of Puerto Rico			Father'	Father's Surname			Mother's Maiden Surname				First Name					
	Office of the	Registrar														
\$04Da	ACADEMIC TRANS	CRIPT REQUEST														
Identification Number Telephone Number			Email				Da	te of	f Birth		Number of Co		pies			
								Month	Da	y	Year					
Send:		Mailing A	ddress:							Date of	of Gr	aduation				
Im	ımediately								Month Yea			Year				
At the end of current session												Starting date of studies IAUPR				
										Мо	nth		Year			
Degree Attained:			Campus: I want only the following level of studies to b								to be inclu	uded:				
								(see l	nstru	uctions)					
Sent Transcript to: (Use block letters)									Official Use							
					-											
				Student's Signature				!								
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INSTRUCTIONS

- This request must be presented at the Bursar's Office for payment and further processing.
- 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), Juris Doctor (JD), Juridical Science Doctor (JSD), Masters of Law (LLM), Doctor of Optometry (OD).
- 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.