

# API ADDITIONAL TRANSCRIPT REQUEST FORM



Transcript requests must be made in writing. Transcripts will not be released without the student's signature below; requests by persons other than the student will not be honored. Only students whose balances have been paid in full are eligible to request additional transcript copies. Payment for the transcripts must be received in advance of any mailings. This completed form can be returned to API by:

**Email:** [transcripts@apiabroad.com](mailto:transcripts@apiabroad.com); **Fax:** 1-512-600-8999

**Mail:** Academic Programs International • 301 Camp Craft Road, Suite 100 • Austin, TX 78746

## Shipment and Pricing:

Service	Economy*	Standard	Expedited
Processing time	10 business days from API date of receipt	10 business days from API date of receipt	5 business days from API date of receipt
Mailing method	Standard mail (no tracking number)	Certified mail (tracking number)	Overnight delivery (tracking number)
Cost**	\$10 for the first transcript to each address \$5 for each additional transcript to same address	\$20 for the first transcript to each address \$5 for each additional transcript to same address	\$40 for the first transcript to each address \$5 for each additional transcript to same address

\*Economy service cannot be tracked, so when sending to an institution, it is recommended that you select standard or expedited service. The choice, however, is completely up to you.

\*\*Fees listed apply only to transcripts sent within the United States. Please call API for international shipping fees.

\*\*\*If a transcript order is received after 4:00 pm CST, then the business day start time will be the following day at 8:00 am CST.

**Note:** Each transcript ordered is individually sealed, accompanied by an API cover letter and a translation page (when necessary).

## Ordering Information:

Full Name: \_\_\_\_\_

Host City/School/Term: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Send Transcripts to (Please be sure to include a full and complete address):

### Address 1

University Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street/Bldg Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Address 2

University Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street/Bldg Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Economy  Standard  Expedited

Number of Copies: \_\_\_\_\_

Economy  Standard  Expedited

I, the undersigned, authorize Academic Programs International (API) to release my transcript(s) to the address(es) listed above and to charge my credit card \$\_\_\_\_\_ as payment for the release of my transcripts. I agree to pay the amount according to the card issuer agreement.

\_\_\_\_\_  
Signature of the Cardholder

Calculating Your Total:

	Cost
Address 1	
Address 2	
Grand Total	

Payment Method

- Check enclosed.
- Charge my credit card for the amount of \_\_\_\_\_.

CARD TYPE:     Visa                       MasterCard

CARD NUMBER: \_\_\_\_\_ CARD SECURITY CODE (3 digits) \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

BILLING ADDRESS: STREET, NUMBER \_\_\_\_\_

CITY, STATE/REGION/PROVINCE, COUNTRY, ZIP/POSTAL CODE: \_\_\_\_\_