

**TRANSCRIPT REQUEST FORM**

Please **PRINT** and **COMPLETE** the following request and either FAX or SCAN/EMAIL it us:

**Registrar's Office (Fax: +33.1.44.18.93.43)**

**registraroffice@aup.edu**

The American University of Paris

31, avenue Bosquet

75007 PARIS, France

**\*For the fastest service, with the fewest steps, log in to MyAUP (my.aup.edu) every time you order transcripts!\***

**Please attach a copy of your passport or valid photo identification**

Last Name (at time of attendance):	First Name:
	Dates of Attendance:
Email:	Your Permanent Mailing Address:
Fax:	
Telephone:	
ID Number or Date of Birth:	7€ per transcript    5€ additional fax fee
Total Number of Requested Transcripts:	Please Circle: Visa / Mastercard / American Express
Transcript Fee:	Card Holder Name:
Means of Payment (please circle one): Check or Credit Card	Credit Card Number:
Student's Signature:	Credit Card Expiration Date:
Date:	Card Security Code*:
Transcript Recipient - Address to which transcript should be sent:	Fax Number (optional - additional fee applies): We do not accept written requests for electronic delivery (email)
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\*Visa, Mastercard: 3 digits on back of card AmEx: 4 digits on front of card

**NOTE: Transcripts will not be processed for students who have holds. Please be sure that your account is clear before you order.**