

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

Please attach a copy of your passport or valid photo identification

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

Last Name (at time of attendance):

First Name:

Email: Fax:

7€ per transcript 5€ additional fax fee

Telephone:

ID Number or Date of Birth:

Please Circle: Visa / Mastercard /

Total Number of Requested Transcripts:

American Express

Transcript Fee:

Card Holder Name:

**Means of Payment (please circle one): Check
or Credit Card**

Credit Card Number:

Credit Card Expiration Date:

Student's Signature:

Card Security Code*:

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**Transcript Recipient - Address to which
transcript should be sent:**

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