

The Most Respected Name in Pilot Certification



APPLICANT: Complete this form and submit it by email, fax, or mail to the Registrar's Office at each college and/or university you have attended. If you have not previously attended a college or university, submit it to your high school. If you have questions about this form, contact ATP Admissions at 800-ALL-ATPS (800-255-2877) or email admissions@allatps.com.

**SEND THIS FORM
TO YOUR SCHOOL**
(DO NOT SEND THIS FORM TO ATP)

REQUEST FOR TRANSCRIPT

NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____ STUDENT ID # _____
YEAR MONTH DAY

ADDRESS: _____
PO BOX OR STREET

CITY: _____ STATE: _____ ZIP: _____

NAME OF COLLEGE/UNIVERSITY: _____

CITY: _____ STATE: _____ ZIP: _____

LAST DATE OF ATTENDANCE: _____

SIGNATURE: _____ TODAY'S DATE: _____

SCHOOL OFFICIAL,
PLEASE MAIL TRANSCRIPTS TO:
ADMISSIONS DEPARTMENT
AIRLINE TRANSPORT PROFESSIONALS
1555 THE GREENS WAY
JACKSONVILLE BEACH, FL 32004-1784