



Inter American University of Puerto Rico

Office of the Registrar

ACADEMIC TRANSCRIPT REQUEST

Father's Surname		Mother's Maiden Surname		First Name		Initial		
Identification Number	Telephone Number	Email		Date of Birth			Number of Copies	
				Month	Day	Year		
Send:		Mailing Address:			Date of Graduation			
<input type="checkbox"/> Immediately <input type="checkbox"/> At the end of current session					Month	Year		
					Starting date of studies IAUPR			
					Month	Year		
Degree Attained:		Campus:	<input type="checkbox"/> I want only the following level of studies to be included: _____ (see Instructions)					
Sent Transcript to: (Use block letters)						Official Use		
Student's Signature								
						Month	Day	Year

INSTRUCTIONS

1. This request must be presented at the Bursar's Office for payment and further processing.
2. 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.



Oficina de Recaudaciones

Autorización Pago con Tarjeta de Crédito y Débito

Credit and Debit Card Payment Authorization

INFORMACIÓN DEL ESTUDIANTE / STUDENT INFORMATION

Apellido Paterno Apellido Materno, Nombre / Father's Surname Mother's Surname, First Name _____

Número de Estudiante / Student Number

Término académico / Academic term _____ Teléfono celular / Cell phone _____

Correo electrónico / Email _____

Firma del estudiante / Student's signature _____

Pago matrícula / Payment enrollment Recinto o Unidad Académica / Campus _____

Cuota de admisión / Admission fee \$31 Maestría / Master \$75 Doctorado / Doctoral

\$63 JD / Juris Doctor \$63 LLM / Master in Law \$75 JSD / Doctorate in Law

Programa a admitirse / Program to be admitted _____

Otro servicio / Other service _____

INFORMACIÓN DE LA TARJETA DE CRÉDITO / CREDIT CARD INFORMATION

Nombre (como aparece en la tarjeta) / Cardholder's name (as it appears on the credit card) _____

Relación con el estudiante / Relationship to student _____

Teléfono celular / Cell phone _____

Tipo de tarjeta Card type     Código de seguridad Security Code

Número de tarjeta Card number Fecha de expiración (mes / año) Expiration date (month / year)

Cantidad del pago / Payment amount _____

Firma del titular de la tarjeta / Cardholder's signature _____

IMPORTANTE / IMPORTANT

El formulario debe estar legible y completado en todas sus partes para ser procesado.
The form must be legible and completed in all its parts in order to be processed.

El servicio solicitado estará condicionado a la aprobación e información de la tarjeta de crédito.
The requested service will be conditioned to the approval and information of the credit card.

Toda tarjeta de crédito requerirá el código de seguridad para poder procesar el pago, el cual consta de tres (3) dígitos (Visa, Master Card, Discover o Débito con logo Visa) y cuatro (4) dígitos (AMEX).
All credit cards will require the security code to process the payment, which consists of three (3) digits (Visa, Master Card, Discover or Debit with Visa logo) and four (4) digits (AMEX).

Recuerde incluir una identificación con foto
(Licencia, pasaporte, identificación militar ó identificación de estudiante de la Universidad Interamericana)
Remember to include a photo ID
(License, passport, military ID or student ID from the Inter American University)

OFICINA DE RECAUDACIONES - CONTACTO / BURSAR'S OFFICE - CONTACT

Una vez completado el formulario y firmado, debe enviarlo a la Oficina de Recaudaciones de su recinto.
Once the form is completed and signed, you must send it to your campus Bursar's Office.

Recinto de Aguadilla / Aguadilla Campus

Hancy Muñiz
Director de Recaudaciones / *Director, Bursar's Office*
(787) 891-0925 exts. 2753, 2752
recaudaciones@aguadilla.inter.edu

Recinto de Arecibo / Arecibo Campus

Víctor Maldonado
Director de Recaudaciones / *Director, Bursar's Office*
(787) 878-5475 exts. 3290, 3291
recaudaciones.are@arecibo.inter.edu

Recinto de Barranquitas / Barranquitas Campus

Cristian Ríos
Director de Recaudaciones / *Director, Bursar's Office*
(787) 857-3600 exts. 2056, 2057
recaudaciones@br.inter.edu

Recinto de Bayamón / Bayamón Campus

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Director de Recaudaciones / *Director, Bursar's Office*
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Recinto de Fajardo / Fajardo Campus

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Recinto de Guayama / Guayama Campus

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Recinto Metro / Metro Campus

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Recinto de Ponce / Ponce Campus

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Recinto de San Germán / San Germán Campus

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Escuela de Optometría / School of Optometry

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Facultad de Derecho / School of Law

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Oficina Central del Sistema / System Central Office

Samuel Sánchez
Director Institucional de Facturación y Cobros
Institutional Director, Billing and Collections Office
(787) 766-1912 exts. 2529, 2612
factcobros@inter.edu