



**AMERICAN SAMOA GOVERNMENT
DEPARTMENT OF EDUCATION
Office of Student Services, Data, Research
Pago Pago, American Samoa 96799
(684) 733-4145**

REQUEST FOR TRANSCRIPT/ EDUCATION VERIFICATION

Student Name First _____ **M.I.** _____ **Last** _____ **Date of Birth** _____

Sex **M/F** **Graduate** **Yes/No** **School** _____ **Place of Birth** _____
Circle Circle

<i>For Office Use only</i>	<i>Service Fees</i>	<i>Amount Received</i>
<i>Transcript</i>	<i>\$3.00</i>	
<i>Education Verification</i>	<i>\$10.00</i>	
<i>Other</i> _____		<i>\$</i> _____

Forward To: _____

Payment Received for Processing? YES NO

Please Note:

We do not accept personal check or credit card. Make a money order to ASDOE, Office of Student Services, PO Box 352, Pago Pago, AS 96799 ATTN: Lisa Pele.

Filling in this request form obligates you to make full payment prior to the releasing of your requested documents.

If we can be of further assistance, please feel free to contact our office by call (684) 733-4145 or via email at lisa_pele@hotmail.com