



Adult Basic Education
 P.O Box 501250 Saipan, MP 96950
 Tel: (670) 237-6713
 abe.info@marianas.edu



Request Form

Date: _____ Site: _____ DOB: _____
 Name: _____ Social Security #: _____
 Last Name First Name MI
 Mailing Address: _____ Home phone #: _____
 Email Address: _____ Cell-phone #: _____

I hereby request for: *(Please check all that apply)*

Select	QTY.	Documents	Fee	Date available
<input type="checkbox"/>	___	Petition to Graduate <i>(*Original Diploma and Transcript)</i>	\$ 15.00 each	5 working days
<input type="checkbox"/>	___	Diploma (copy)	\$ 5.00 each	5 working days
<input type="checkbox"/>	___	Transcript (official/sealed)	\$ 5.00 each	5 working days
<input type="checkbox"/>	___	Transcript (official/sealed)	\$ 20.00 each	EXPEDITE**
<input type="checkbox"/>	___	Certification Letter	\$ 1.00 each	5 working days
		<input type="radio"/> Hours of Attendance <input type="radio"/> Proof of Completion <input type="radio"/> CASAS/HISET Result <input type="radio"/> Proof of Enrollment		<i>(& After 12 instructional hours / 5 lab hours)</i>
<input type="checkbox"/>	___	Certification Letter	\$ 5.00 each	
<input type="checkbox"/>	___	Schedule (copy)	\$ 1.00 each	5 working days
<input type="checkbox"/>	___	Other (Please specify): _____		

**Original Diploma(s) and Transcript(s) must be paid in FULL before requesting any official copies of Diploma(s) and Transcript(s).*
***Expedited Transcript(s) for Saipan deliveries: After 2:00 PM, Official Transcript(s) will be available the following day at 10:30AM.*
For off-island deliveries: After 2:00 PM, Official Transcripts will be processed the following day.
*****Please call or email the office before making a payment.*****

PLEASE COMPLETE BELOW FOR TRANSCRIPT/DIPLOMA, CERTIFICATION LETTER, AND ATTENDANCE/ PROGRESS REPORT REQUESTS ONLY.

- Pick Up Fax Mail Pouch (for TIQ/ROP)
 (Delivered every Friday before 9am)

- For Mail Only:**
 Expedited First Class Priority** – (\$45; includes \$20 expedite fee)
 First Class Mail with Tracking – 5 working days (\$25)
 Certified Mail with Tracking – 5 working days (\$10)

Recipient's Full Name: _____
 Recipient's Title: _____
 Agency/Company: _____
 Agency/Co. Address: _____

ABE OFFICE USE ONLY	
ABE Receipt #:	
NMC Receipt #:	
Total Amount: \$	
Reference #:	
CASAS Score(s):	Test Date(s):
Pre:	
Post:	
Class Hours:	
Date Processed:	
Staff Initial:	

Requestor's Signature _____ Date _____