



**ARKANSAS TECH UNIVERSITY
OFFICE OF STUDENT SERVICES**

TRANSCRIPT REQUEST

Student T Number T	Date
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Name Enrolled Under (Last, First Middle, Other)	Date of Birth
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Your Current Address

City	State	Zip Code	Dates Attended Arkansas Tech University (Russellville and/or Ozark Campus)
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Mail Transcript(s) to (Give COMPLETE name and address):

Number of Transcripts You Want Mailed:

_____ Now

_____ After grades post for the current semester

_____ After degree is posted for the current semester

Mail Transcript(s) to (Give COMPLETE name and address):

Number of Transcripts You Want Mailed:

_____ Now

_____ After grades post for the current semester

_____ After degree is posted for the current semester

Student Signature _____

Requests may be mailed or faxed if there are no active holds on your account:

Main Campus:

**Office of the Registrar
Arkansas Tech University
Doc Bryan Student Services Center, Ste 153
1605 Coliseum Drive
Russellville, AR 72801-2222**

Fax: (479) 968-0683

Ozark Campus:

**Office of Student Services
Arkansas Tech University
Ozark Campus
1700 Helberg Lane
Ozark, AR 72949**

Fax: (479) 667-1422

**Transcripts can not be faxed.
Transcripts are available at no charge.**

Transcripts are usually mailed within five business days after receipt of the request.