



TRANSCRIPT REQUEST

Student ID Number T _____		Date
Name Enrolled Under (Last, First, Middle, Other)		Date of Birth
Your Mailing Address	Phone Number _____ - _____ - _____	
City	State	Zip Code
Student Signature		Dates Attended ATU

Official transcripts are not issued unless all obligations to Arkansas Tech University have been satisfied.
Transcripts cannot be faxed. Transcripts are available free of charge.

Send transcript(s) to the following address:

_____	_____ Now
_____	_____ After grades post for the current semester
_____	_____ After degree is posted for the current semester

Send transcript(s) to the following address:

_____	_____ Now
_____	_____ After grades post for the current semester
_____	_____ After degree is posted for the current semester

Requests may be mailed, faxed or emailed:

<u>Main Campus</u> Arkansas Tech University Office of the Registrar Doc Bryan SSC Suite 153 1605 Coliseum Drive Russellville, AR 72801-2222 Fax: 479-968-0683 email: registrar@atu.edu	<u>Ozark Campus</u> Arkansas Tech University-Ozark Campus Office of Student Services Ozark Campus 1700 Helberg Lane Ozark, AR 72949 Fax: 479-667-1422 email: ozark.registrar@atu.edu
--	--

Office Use Only	
_____	P
Date Processed	

Initials	

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