



TRANSCRIPT REQUEST

| | |
|--|------|
| Student ID Number (if known) T | Date |
|--|------|

| | |
|--|---------------|
| Name Enrolled Under (Last, First, Middle, Other) | Date of Birth |
|--|---------------|

| | | | | |
|----------------------|------|-------|----------|--------------|
| Your Mailing Address | City | State | Zip Code | Phone Number |
|----------------------|------|-------|----------|--------------|

| |
|-------------------|
| Student Signature |
|-------------------|

Official transcripts are not issued unless all obligations to Arkansas Tech University have been satisfied.

Transcripts cannot be faxed or emailed, are free of charge, and are usually mailed within 5 days after receipt of the request.

Send my transcript to:
(Check box if applicable)

- ADHE AR Lottery Scholarship
 SACM Saudi Arabian Cultural Mission
 Embassy of Kuwait
 ADE for licensure AR Dept of Ed
 ARSBN AR State Board of Nursing

Send transcript(s) to the following name and address:
(Please list exactly as you would address an envelope)

How many copies:

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

Send transcript(s) to the following name and address:

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

Send transcript(s) to the following name and address:

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

Requests may be mailed, faxed or emailed to:

Arkansas Tech University
 Office of the Registrar
 Brown Hall, Suite 307
 105 West O Street
 Russellville, AR 72801
 Fax: 479-968-0683
 Email: registrar@atu.edu

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|------------------------|----------|
| Office Use Only | |
| _____ | P |
| Date Processed | |
| _____ | |
| Initials | |