

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
Student Signature <i>YOUR NAME</i>			Phone Number

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

Office Use Only

Date Processed

Initials

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