

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
 ARSNB 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	
_____	P
Date Processed	

Initials	