



Official Transcript Request

A valid photo ID must be presented or a copy attached when submitting this form in person, by mail or fax.
Official transcripts are not released to any student with a Business Office hold.

Step 1: Student Information

Date: _____ SSN/Student ID: _____

Full Name: _____

First

Middle

Last

Full Name When Attending UA-PTC (if different from above): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Birth: _____ Did you attend UA-PTC before 1991? Yes No

Step 2: Transcript Instructions

____ Number of transcripts requested

Check to include with transcript:

- Immunization records
- Scores for tests taken at UA-PTC
- Attached Form

Hold my transcript until (transcripts will not be processed until date listed in academic catalog. For current or future semesters):

- Grades are posted for the _____ semester.
- My degree is awarded.

Step 3: Transcript Delivery. Choose **one** method of transcript delivery. **One** request form per mailing address is required.

Mail

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Per Act 330 of the Arkansas legislature, all transcripts being sent to any Arkansas public college or university or to the Arkansas Department of Higher Education will be sent electronically via an EDI server.

Pick Up

I will pick up my transcript(s).

Allow my transcript(s) to be picked up by:

(name) _____

A valid photo ID must be presented by anyone picking up an official transcript.

Transcripts not picked up within two weeks will be mailed to the address provided above.

Allow 3 to 5 business days for your transcript request to be processed. Same day transcript service is NOT available.

Student Signature: _____

For Office Use Only	
Received by: _____	ID verified: _____