



# TRANSCRIPT REQUEST

Student ID Number (if known) <b>T</b>	Date
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Name Enrolled Under (Last, First, Middle, Other)	Date of Birth
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Your Mailing Address	City	State	Zip Code	Phone Number
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Student Signature
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**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 Depart of Higher Ed  
  SACM Saudi Arabian Cultural Mission  
  Embassy of Kuwait  
  ADE 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

<b>Office Use Only</b>	
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Date Processed	
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Initials	