

# Academic Record

## TRANSCRIPT REQUEST FORM

### University of Central Arkansas

(\* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

\* \_\_\_\_\_ PIN #: \_\_\_\_\_ \* Telephone: \_\_\_\_\_  
Student ID Number

\* \_\_\_\_\_  
Last Name First MI

\* \_\_\_\_\_  
LIST ALL FORMER NAMES

\* \_\_\_\_\_ Birth Date \_\_\_\_\_ Date Last Enrolled \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Required to receive confirmation of date processed)

#### Special Instructions:

- Hold for Removal of Incomplete Grade in \_\_\_\_\_  
Specify Course(s)
- Will Pick-up next day       Hold for Grade Change in \_\_\_\_\_  
Specify Course(s)
- Hold for work in Progress       Hold for Posting of degree \_\_\_\_\_  
Degree & date to be awarded
- Provide transcript in individually sealed envelope

**NOTE: Normal processing time is 5-7 working days from date request is received. During busy periods (start & end of a semester) requests will take 10-14 working**

**\* Print your complete name and mailing address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or Route

\_\_\_\_\_  
City, State, Zip

**\*Mail \_\_\_\_\_ transcript(s) to:**

**\* Print complete name and address of person or institution to receive transcript:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or Route

\_\_\_\_\_  
City, State Zip

I UNDERSTAND THAT MY REQUEST WILL BE PROCESSED ACCORDING TO THE INFORMATION I HAVE PROVIDED ON THIS FORM. I UNDERSTAND THAT AN OUTSTANDING FINANCIAL and/or ADMINISTRATIVE OBLIGATION TO THE UNIVERSITY WILL PREVENT THE PROCESSING OF THIS TRANSCRIPT REQUEST. I FURTHER UNDERSTAND THAT I MUST SUBMIT ANOTHER WRITTEN REQUEST ONCE THE OBLIGATION HAS BEEN CLEARED BEFORE AN OFFICIAL TRANSCRIPT CAN BE RELEASED.

I request my USER ID and PIN information. Available ONLY for students enrolled August 1985 or thereafter.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
\*REQUIRED

Submit this form to:

**Office of the Registrar  
Attn: Transcript Request  
McCastlain Hall, Room 112  
201 Donaghey Avenue  
Conway, Arkansas 72035-0001  
  
FAX: (501) 450-5734**

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**FOR OFFICE USE ONLY:**

Processed: \_\_\_\_\_ date By: \_\_\_\_\_

Not Processed: \_\_\_\_\_ date By: \_\_\_\_\_

**A hold has been placed on your record by the following office(s):**

\_\_\_\_\_ Telephone: (501) \_\_\_\_\_

\_\_\_\_\_ Telephone: (501) \_\_\_\_\_

\_\_\_\_\_ Telephone: (501) \_\_\_\_\_

**Contact the above office(s) for information about the hold(s).**

**Resubmit your request for transcript service once the hold(s) have been released. It will be processed in the order in which it is received.**

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