

B-S-ID
Processed by: _____
Date: _____
Scanned by: _____
Date: _____

Transcript Request Form

Last Name: _____ First: _____ Middle: _____

Previous Name(s): _____ Phone: _____

Student ID or SSN: _____ Date of Birth: _____

Street _____ City _____ State _____ Zip _____

****There is a \$5.00 fee per official transcript requested. The fee must be submitted with this form.** By mail you may pay with check or money order. In person, cash or debit/credit card are also accepted. **

Transcript Type:
 Official Unofficial

Timing:
 Process my request now. Allow 2-3 days except during peak times before and after beginning of semester.
 Hold my transcript until grades are posted for _____ semester. (Fall/Spring/Summer)
 Hold until my degree is awarded.

Delivery Method:
 I will pick up my transcript within 2 weeks or I understand you will mail it to the address provided above.
 I authorize _____ to pick up my transcript. Photo ID for authorized party required.*
 Send my transcript(s) electronically (EDI) to the school(s) listed below. Fastest method for official. (If available)
 Mail my transcript to the address indicated below.

To:	To:	To:
Attn:	Attn:	Attn:
Street	Street	Street
City, ST Zip	City, ST Zip	City, ST Zip

Total # of transcripts requested _____ **X \$5.00 = \$** _____

Student Signature: _____ **Date:** _____

(Proof of identification must be provided at time of submission. If mailing include copy of valid photo ID.)
 *When authorizing a 3rd party to pick up transcript, a copy of the student's valid ID containing student's signature must be provided.

Mail Form/Payment and Documents to: Student Records Office, One College Drive, Bentonville, AR 72712
 Turn in at: Enrollment Support Center located on the 2nd floor of the Student Center or at the Washington County Center.