



Transcript Request Form  
 1621 Martin Luther King drive Little Rock Arkansas 72202  
 Telephone: 501.420.1200 Fax: 501.400.8662  
[www.Arkansasbaptist.edu](http://www.Arkansasbaptist.edu)

(Please Print)

DATE OF REQUEST: \_\_\_\_\_

Name \_\_\_\_\_ Student ID or Last digits of SS# \_\_\_\_\_

Previous name used while in attendance \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

CURRENTLY ENROLLED:

YES  NO

IF NO PLEASE GIVE LAST DATE OF ATTENDENCE: \_\_\_\_\_

Number of official copies: \_\_\_\_\_

Please check one:

- Mail
- Pick-up Date:
- Hold for grades-End of semester
- Hold for grade change: (Course Number,Name,Term)
- ABC Graduate (Year of graduation: \_\_\_\_\_)
- FAX -\$5.00 fee (fax # \_\_\_\_\_)

MAIL TRANSCRIPTS TO: (MUST GIVE COMPLETE ADDRESS )

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE:Trancripts will not be released without the student's signature or if the student has an outstanding financial obligation to the College. Arkansas Baptist College does not release transcripts or copies of transcripts from other institutions.

PLEASE ALLOW UP TO 7 BUSINES DAYS FOR PROCESSING. THERE IS A \$5.00 PROCESSING FEE FOR EACH OFFICIAL TRANSCRIPT. PAYMENTS RECEIVED IN PERSON OR BY TELEPHONE USING A CREDIT CARD, WITH A MINIMUM PAYMENT OF \$10.00.

Student Signature: _____	Date Sent: _____	Registrar's Office Initials: _____
Date Received: _____	Business office Clearance: _____	
Amount paid: _____		

