Official Transcript Request

A valid photo ID must be presented or a copy attached when submitting this form in person, by mail or via 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

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name When Attending PTC *(if different from above)*: _____

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

Step 2: Transcript Instructions

___ Number of transcripts requested

Include with my transcript:
- ☐ Immunization records
- ☐ Scores for tests taken at PTC

Hold my transcript until:
- ☐ 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:

_____

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 _____

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Fax: 501-812-2316