University of Arkansas Community College at Batesville Information Request Form

A 24 HOUR PROCESSING TIME IS REQUIRED! (48 HOURS DURING PEAK TIMES) Transcripts are available at no charge, but students are limited to five transcripts per request. Student ID# or SSN (last 4 digits only):_______ Birth Date:____/____ Maiden/Other Names used:_____ Student Name: MI Last First Current Address: P.O. Box/Street Address City State Zip Resident County Email Address: _____ Current Phone Number: _____ Check the item(s) requested and indicate number of copies requested for each item: Is this a name, address, or phone number change? Check Number of Yes No all that **Item Requested Copies** apply Hold transcript and mail after current Official Transcript semester FINAL GRADES are posted? **Unofficial Transcript** ____Yes ____No Verification of Enrollment Please indicate delivery method: Immunization Record ASSET, COMPASS, or ____Mail ____Fax ____Pick Up ACCUPLACER test scores (ACT scores cannot be copied) NOTE: Only unofficial transcripts can be faxed and may not be a secure method of delivery. Your signature on this form indicates you are giving permission to release your transcript to the specified third party. Please provide mailing information: Please provide fax information: Mail to: Fax to: Fax Number: OFFICE USE ONLY: Date Mailed _____ Date Picked Up _____ Processed By _____ **Student Signature Required** Date Hold Status Req. Authorized Signature Only the student whose transcript is requested will be Non-Process Letter Sent

Note: Upon receipt, transcripts and documents from other institutions are the property of UACCB. The student has the right to view the documents in his/her file; the University is not required to provide (or allow the making of) copies of these documents. Transcripts submitted to UACCB for admission or transfer credit cannot be returned to the student or forwarded to other institutions.

Revised: 3/8/2017

allowed to pick up transcript(s).