**Request for Transcript**

USE A SEPARATE TRANSCRIPT REQUEST FOR EACH ADDRESS OR FAX

To request a transcript, please complete and return this form:

- in person at the Records Office, second floor of the Smith-Pendergraft Campus Center, 8 a.m. - 6 p.m. Monday through Thursday and 9 a.m. - 5 p.m. on Fridays.
- by fax at (479) 424-6230.
- by mail at University of Arkansas - Fort Smith, Attn: Records Office, PO Box 3649, Fort Smith, AR 72913-3649.
- by My.UAFS email at records@uafs.edu.
- by personal email and scanning this completed form.

Certain holds and outstanding financial obligations on your account will prevent transcript requests from being processed.

Name ____________________________________________________________

IDN/SSN __________________________ Date of Birth ____________________

Mailing Address ___________________________________________________

City/State/Zip __________________________ Telephone # __________________

**STUDENT SIGNATURE** __________________________________________ Date __________

REQUIRED FOR TRANSCRIPT TO BE RELEASED (unless requested through My.UAFS e-mail)

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Please indicate when you want transcript(s) prepared:

- [ ] Now
- [ ] After final grades are recorded
- [ ] After degree is recorded

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Mail ____ transcript(s) to:  [ ] OFFICIAL (enclosed in sealed envelope)  [ ] UNOFFICIAL

(Number)

Name of Institution/Person

Mailing Address

City  State  Zip

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Fax unofficial transcript to:

Fax # including area code  Name of Institution/Person

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Email unofficial transcript to:

Email Address  Name of Institution/Person

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Date Processed ___________  Initials ___________

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Updated: 4/29/15