

# RECORDS OFFICE



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## TRANSFER TRANSCRIPT K-0 ° 0- FORM

**Please mail my *official* transcript to:**

Records Office  
University of Arkansas - Fort Smith  
5210 Grand Avenue  
P.O. Box 3649  
Fort Smith, AR 72913-3649

**Please fax my *unofficial* transcript to:**

Attn: Records Office  
(479) 424-6230

SSN/IDN \_\_\_\_\_ Date \_\_\_\_\_

Student Name (Print) \_\_\_\_\_  
Last First Middle Maiden

Signature (Required) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

*If there is a charge for my transcript, please bill me:*

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

Credit Card Information (if applicable):

Account No . \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Card \_\_\_\_\_

Name on Card \_\_\_\_\_