



Office of the Registrar
56 McClellan Dr. #3735 • Walnut Ridge, AR 72476
870-759-4130

Transcript Request Form

Please Print

Student Name: _____ Maiden/other names used: _____

Current Address: _____
P.O. Box/Street Address City State Zip

Current Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: ____/____/____

Current Student: ____ Yes ____ No If no, last semester and year of attendance: _____
Semester Year

Campus Attended: ____ Walnut Ridge ____ Bradford ____ Senath ____ Hoxie ____ Piggott ____ Ridgefield Christian
____ MAT Program ____ Online Criminal Justice Program ____ Other

Check the item(s) requested and indicate the number of copies requested for each item.

Check All That Apply	Item Requested	Fee	Number of Copies Requesting
	Unofficial Transcript	No Fee	
	Official Transcript (Mailed Only)	\$10	

**Payment is accepted by check, cash, or money order and must be included with the request form. Credit card payments cannot be accepted by phone, mail or fax.*

Please indicate method of delivery.

Mail _____ Fax _____ Pick Up _____
Allow up to 5 days for processing requests, not including delivery time.

Mail to (Name & Address) _____

Fax to: _____

Fax Number: _____

Office Pick Up:
Name of person authorized to pick up transcript:

Signature: _____ Date: _____

(Required for any of the above requests)

Note: Your signature on this form indicates you are giving Williams Baptist College permission to release the above checked items of information to the specified third party.