



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 _____

Williams ID# _____ Current Student Yes No If no, dates of attendance _____

Current Address _____
 PO Box/Street Address City State Zip

Current Phone Number _____ Email Address _____

Date of Birth ____/____/____ Last 4 Digits of Social Security # _____

Campus Attended Walnut Ridge Bradford Senath Hoxie Piggott Ridgefield Christian
 Graduate Program Criminal Justice Degree Completion Other

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

Check All That Apply	Item Requested	Fee	# of Copies Requesting
<input type="checkbox"/>	Unofficial Transcript	No Fee	
<input type="checkbox"/>	Official Transcript (<i>mailed only</i>)	*\$10	

**Payment can be made 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.*

METHOD OF DELIVERY Mail Fax Pick Up

Allow up to 5 business days for processing requests, not including delivery time

MAIL:
 Name _____

Address _____

FAX:
 Name _____

Fax Number (____) _____

OFFICE PICK UP: (Name of person authorized to pick up)

SIGNATURE: _____

Note: Your signature indicates you are giving Williams Baptist University permission to release your transcript to the specified third party. **All requests must include your signature.**

Form can be emailed to thenderson@williamsbu.edu or mailed to address at top

<i>Office Use Only</i>	
BUSINESS OFFICE REPLY _____	BY _____
DATE REC'D _____	BY _____