



Records Office

TRANSCRIPT RELEASE FORM

Official transcripts are required from each institution (college or university) you have attended. For your convenience, you can **complete, print and sign** this form and **mail** to your college or university.

Please Send My Official Transcript to:

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

Please print:

Date _____

Name _____
Last First Middle Maiden

Social Security or Identification Number: _____

Date of Birth _____
Month Day Year

Attendance dates: From _____ To _____

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

Address _____

City/State/Zip _____

Credit Card Information:

Account Number _____

Expiration Date _____

Name of Card _____

Name on Card _____

Signature _____ Date _____