

RECORDS OFFICE



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) 788-7402

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 _____