## University of Arkansas Community College at Batesville Information Request Form

Cturd and IT				re limited to			
Student II	D# or SSN (last 4 digits only	Birth Date: / _/ Maiden/Other Names used: Last					
Student N	ame:						
	First MI		Last				
Current A	ddress:						
	P.O. Box/Street Add	lress	City	State	Zip	Resident County	
Email Address:			Current Phone Number:				
	uress						
	item(s) requested and indic	ate number	т. 1.	11	1	1 1 0	
*	requested for each item:		Is this	a name, addr	ess, or phor	ne number change?	
Check all that apply	Item Requested	Number of Copies	-	YesNo			
	Official Transcript			d transcript an			
	Unofficial Transcript		semester FINAL GRADES are posted?				
	Verification of Enrollment			Yes	No		
	Immunization Record		Plea	ase indicate de	elivery meth	nod:	
	ASSET, COMPASS, or ACCUPLACER test scores (ACT scores <u>cannot</u> be copied)			Mail	Fax	Pick Up	
NOTE: (	Only unofficial transcripts can l	be faxed and n	- nay not be a se	cure method of	delivery. Yo	ur signature on this form	
	indicates you are giving						
Please provide mailing information:			faxing, please provide fax information:				
Mail to:				Fax to:			
Mail to:							
Mail to:_							
Mail to:							
Mail to:				Fax Numl			
Mail to:				Fax Numb OFFICE U Date Maile	Der: SE ONLY:		
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	ignature Required	Dat		Fax Numb OFFICE U Date Maile Date Picke Processed	Der: USE ONLY: ed d Up By		
				Fax Numb OFFICE U Date Maile Date Picke Processed Hold Statu Reg. Author	Der: SE ONLY: ed d Up By s prized Signatu		

Note: Upon receipt, transcripts and documents from other institutions are the property of UACCB. The student has the right to view the documents in his/her file; the University is not required to provide (or allow the making of) copies of these documents. Transcripts submitted to UACCB for admission or transfer credit cannot be returned to the student or forwarded to other institutions.

Revised: 9/23/2019