



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

REQUEST INFORMATION FROM ACADEMIC FILES

Note: This form is used to request copies of documents stored in your academic student files such as: Immunization records, placement scores, or high school transcripts, etc. To order a UACCM transcript, please complete the transcript request.

Name: _____ I.D./S.S. No. _____
(Please Print)

Contact Phone Number: (_____) _____

PLEASE LIST ITEMS YOU ARE REQUESTING FROM YOUR ACADEMIC FILE:

I understand that any information copied from my academic file will be treated as unofficial and stamped "STUDENT ISSUED" if it is not mailed directly to another institution or agency.

Please Initial Next to One of the Method in Which You Would Like to Receive This Information:

_____ I will pick this information up at the Registrar's Office _____

_____ Please fax this information to: _____

_____ Mail this information to the address listed below:

(home, institution, or agency)

(Street address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip)

Signature: _____ Date: _____