



OFFICIAL TRANSCRIPT REQUEST FORM

Registrar's Office
Blytheville, AR
Statehouse Hall
(870) 838-2955

REQUEST INFORMATION:

Transcript(s) will NOT be processed if you have:

1. Unpaid financial obligations to the College.
2. Incomplete records: high school transcript, transcript from other colleges/institutions, immunization records, or etc.
3. Failed to register with the Selective Service.
4. Other obligations to the college: library materials, equipment, textbooks, or etc. which have not been returned.

Transcript Policy:

1. Transcripts are processed by ***student's signed request only***.
2. Transcripts requested are sent electronically to all colleges, if registered with SPEEDE transcript service.
3. Paper transcripts are issued on security paper with the ANC seal to colleges not participating in electronic transcript services.
4. There is currently no charge for this service. (Subject to change without notice.)

Questions:

If you have any questions or need help requesting an Arkansas Northeastern College transcript, please contact the Registrar's Office at (870) 838-2955.

PERSONAL INFORMATION: PLEASE TYPE OR PRINT LEGIBLY.

Student ID Number / Social Security Number	Fullname	Contact Phone Number	
Address	City	State	Zip Code

PROCESSING INFORMATION:

- *Requests to Alternate Addresses must be made on separate forms.
- *Requests to an Arkansas college or Arkansas Dept. of Education will be sent electronically within 24 hours.
- *If this is your first semester with our institution, your transcript will not be available until end of the term.

Include transcripts from (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Arkansas Northeastern College (July 2003 – forward)

<input type="checkbox"/> Mississippi County Community College (1974 – June 2003) | <input type="checkbox"/> Cotton Boll Technical Institute –
A. Major of Study: _____
B. Last Time Attended: _____ |
|--|--|

Previous Names:

Documents to include:

- Unofficial High School Transcript or GED scores
- Immunization Record(s)

Send to (if requesting "I will pick-up on", please provide recipient information) :

- Myself (will be sent to address given above)

OR
Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Send When:

- | | |
|--|---|
| <input type="checkbox"/> Mail now

<input type="checkbox"/> I will pick-up on: _____
(at Blytheville campus only) | <input type="checkbox"/> Hold until current grades are posted
<input type="checkbox"/> Hold until Graduation Statement is posted |
|--|---|

Number of Copies

Date

Signature

Options to Submit:

Print and sign the completed transcript request form and then,

- | | |
|---|--|
| 1. Fax to: (870) 763-1654 | 3. Scan & Email to: transcripts@smail.anc.edu |
| 2. Mail to: Attn: Transcripts P.O. Box 1109 Blytheville, AR 72316 | 4. Deliver to: Registrar's Office
Statehouse Hall |