



(870) 762-1020  
www.anc.edu

2501 South Division  
P.O. Box 1109  
Blytheville, AR 72315

## High School Transcript Request Form

Current Date

*Please complete the form and mail or deliver  
to your high school counselor or principal.*

Full Name

SSN

Address

Contact Phone Number

City  State  Zip Code

Graduation Date

Date of Birth \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Please forward a high school transcript indicating the graduation date and grade point average.**

Options to submit the high school transcript:  
Submit to the Registrar's Office, Blytheville  
Fax: (870) 763-1654  
Scan and email: [rlowe@smail.anc.edu](mailto:rlowe@smail.anc.edu)

