



# UNOFFICIAL 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. 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.**

<b>Student ID Number or Social Security Number</b>	<b>Fullname</b>	<b>Contact Phone Number</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**PROCESSING INFORMATION:**

- \*Requests to Alternate Addresses must be made on separate forms.
- \*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)<br><input type="checkbox"/> Mississippi County Community College (1974 – June 2003) | <input type="checkbox"/> Cotton Boll Technical Institute –<br>A. Major of Study: _____<br>B. Last Time Attended: _____ |
|--|--|

<b>Number of Copies</b>	<b>Documents to include:</b>
	<input type="checkbox"/> Unofficial High School Transcript or GED scores <input type="checkbox"/> Immunization Record(s)

**Send to:**

I will pick up on: \_\_\_\_\_

Fax to:  
 Name: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Mail to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

<b>Signature</b>	<b>Date</b>
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**Options to Submit:**

Print and sign the completed transcript request form and then,

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