



Office of the Registrar

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Little Rock, AR 72202
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Homepage: www.arkansasbaptist.edu
School Code 00108700

Notice of Official Transcript Request

Date of request: _____

Name: _____ Student ID or last four digit of SSN: _____

Previous name used while in attendance: _____

Address: _____

Home number: _____ Cell number: _____

Currently enrolled: ___ Yes ___ No

If no please give last date of attendance: _____

Number of official copies: _____

Please check one:

- Mail
- Pick-up Date
- Hold for grades – end of semester
- Hold for grade change: (course number, name, term)
- ABC Graduate (year of graduation: _____)
- FAX - \$5.00 fee (fax #: _____)

Mail transcripts to: (must give complete address)

NOTE: Transcripts will not be released without the student's signature or if the student has an outstanding financial obligation to the College. Arkansas Baptist College does not release transcripts or copies of transcripts from other institutions.

Please allow up to 7 business days for processing. There is a \$5.00 processing fee for each official transcript. Payments received in person or by telephone using a credit card, with a minimum payment of \$10.00.

Student Signature: _____

Date Received: _____ Date Sent: _____ Registrar's Office Initials: _____

Amount Paid: _____ Business Office Clearance: _____