



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. _____

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: on: _____ after: _____
(Initial) (Date) (Time)

_____ Mail this information to the address listed below:
(Initial)

_____ (Home, institution, or agency)

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

_____ (City) (State) (Zip)

Signature: _____ Date: _____

OFFICE USE ONLY

ID Verified: _____

Date Issued/Mailed/Faxed: _____

Processed By: _____