

TRANSCRIPT REQUEST/DOCUMENT RELEASE

All official and unofficial transcript/document requests will be processed within 72 hours of the date received in the Registrar's Office.

OFFICE OF THE REGISTRAR

Student's Name: _____
Last First Middle

Student ID/Social Security Number: _____ Date of Birth: _____

Current Address: _____
Street/P.O. Box City

_____ State Zip Email Address

_____ Home Phone Number Cell Phone Number Work Phone Number

I would like to request _____ official copy(ies) of my ASU Mid-South transcript/documents to be sent to the address(es) below:

I would like to request _____ unofficial copy(ies) of my ASU Mid-South transcript/documents to be sent to the address(es) below:

I want to **PICK-UP** my transcript.

Mail to: NAME: _____

ADDRESS: _____

Mail to: NAME: _____

ADDRESS: _____

Please hold the request and process/mail the transcript after final semester grades are posted.

SIGNATURE REQUIRED FOR RELEASE

I (the undersigned) hereby authorize ASU Mid-South to release the documents as requested.

Signature: _____ Date: _____

Office Use Only

Processed by: _____

Date: _____

Receipt #: _____

Cashier: _____

Enclose \$5.00 per transcript/document requested OR call the Cashier at 870.733.6714 to make payment by phone.



ARKANSAS STATE UNIVERSITY
MID-SOUTH

2000 West Broadway | West Memphis, AR 72301
870.733.6728 | Fax 870.733.6719 | www.asumidsouth.edu

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