

# 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 (at time of attendance) First Middle

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/P.O. Box City

State Zip Email Address

Home Phone Number Cell Phone Number Work Phone Number

### **DUE TO SECURITY CONCERNS, TRANSCRIPTS WILL NOT BE EMAILED**

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 request and process after \_\_\_ Full Term \_\_\_ Short-Term 1 \_\_\_ Short-Term 2

### **SIGNATURE REQUIRED FOR RELEASE**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Office Use Only**

Receipt: \_\_\_\_\_

Date: \_\_\_\_\_

Cashier: \_\_\_\_\_

**Enclose \$5.00 per transcript/document requested OR use the PayPal link provided on our website.**

**FEE MUST BE PAID BEFORE TRANSCRIPT IS SENT**



**ARKANSAS STATE UNIVERSITY**  
**MID-SOUTH**

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