

## **OFF CAMPUS TRANSCRIPT**

Please send an official copy of my transcript to:

## Phillips Community College of the University of Arkansas Office of Admissions

PO Box 785 Helena, AR 72342 (870) 338-6474 (870) 338-7542 (fax)

Name:			
First	Middle		Last
Date attended:			
	(Semester)	(Year)	
Date of birth:			
Social Security num	ber:		
☐ Check if a trans	script is to be sent to	self.	
TRANSCRI	PTS SHOULD BE SEN'	Γ AFTER FINAL	GRADES ARE RECORDED.
		Signature	
		A d d	
		Address	
		State	 7in

NOTE TO STUDENT: Most college and universities require advance payment for transcripts. Contact them for appropriate amount and attach payment to this request.

NOTE: OFFICIAL transcripts are required for admissions to Phillips Community College of the University of Arkansas. The transcript goes from the sending institution on to PCC/UA and does NOT pass through the Student's hands.

NOTE: OFFICIAL transcripts are required from each institution attended, regardless if the credits appear on another school's transcript