



Admissions and Records Office
Transcript Request
P.O. Box 785
Helena, AR 72342
Fax: (870)338-7542

NO TRANSCRIPT WILL BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO PCCUA ARE SATISFIED.
THERE IS NO CHARGE TO HAVE A TRANSCRIPT SENT OR FAXED.

Your signature is REQUIRED in order for PCCUA to release a copy of your transcript. Therefore, this form must be printed and either mailed to the address above or faxed to the number above.

Please type your information:

Full Name: _____	Currently enrolled: <input type="radio"/> Yes <input type="radio"/> No
Previous Names: _____	Last semester of attendance: _____ Year _____
Address: _____	Graduated from PCCUA? <input type="radio"/> Yes <input type="radio"/> No
City: _____	Attended Rice Belt? <input type="radio"/> Yes <input type="radio"/> No
State: _____	<input type="radio"/> Issue Immediately
Zip Code: _____	<input type="radio"/> Issue after _____ grades are posted
Telephone: _____	<input type="radio"/> Issue after _____ is posted
Social Security Number: _____	<input type="radio"/> Issue after CAAP Scores are posted
Birth Date: _____	<input type="radio"/> Issue after grade change for _____.

Check here if you would like to receive an unofficial, student copy sent to the address above.

Check here if you would like to receive an unofficial, student copy faxed to: _____.

Check here if you would like an official copy sent to the address above.

Check here if you would like an official copy of your transcript mailed to another institution.

Name of Institution: _____	For Office Use Only:
Address (Line 1) _____	Date Rec'd: _____
Address (Line 2): _____	Hold: _____
City: _____ State: _____ Zip: _____	

Check here if you would like an unofficial copy faxed to another institution.

Name of Institution: _____ Fax #: _____

Signature: _____ Date: _____

YOU MUST SIGN AND DATE THIS FORM AFTER PRINTING.

If you have any questions, please call the Admissions Office at (870) 338-6474, ext. 1337.