



WILLIAMS
BAPTIST UNIVERSITY

OFFICE OF THE REGISTRAR
56 McClellan Dr. #3735 • Walnut Ridge, AR 72476
870-759-4130

TRANSCRIPT REQUEST FORM

Please print

Student Name _____ Maiden/Other Names Used _____

Williams ID# _____ Current Student ☐ Yes ☐ No If no, dates of attendance _____

Current Address _____
PO Box/Street Address City State Zip

Current Phone Number _____ Email Address _____

Date of Birth ____/____/____ Last 4 Digits of Social Security # _____

Campus Attended ☐ Walnut Ridge ☐ Bradford ☐ Senath ☐ Hoxie ☐ Piggott ☐ Ridgefield Christian
☐ Graduate Program ☐ Criminal Justice Degree Completion ☐ Other

Check the item(s) requested and indicate the number of copies requested for each item

| Check All That Apply | Item Requested | Fee | # of Copies Requesting |
|--------------------------|--|--------|------------------------|
| <input type="checkbox"/> | Unofficial Transcript | No Fee | <input type="text"/> |
| <input type="checkbox"/> | Official Transcript (<i>mailed only</i>) | *\$10 | <input type="text"/> |

***Payment can be made by check, cash, or money order and must be included with the request form. Credit card payments cannot be accepted by phone, mail, or fax.**

METHOD OF DELIVERY ☐ Mail ☐ Fax ☐ Pick Up

Allow up to 5 business days for processing requests, not including delivery time

MAIL:

Name _____

Address _____

FAX:

Name _____

Fax Number (____) _____

OFFICE PICK UP: (Name of person authorized to pick up)

SIGNATURE: _____

Note: Your signature indicates you are giving Williams Baptist University permission to release your transcript to the specified third party. All requests must include your signature.

Form can be emailed to thenderson@williamsbu.edu or mailed to address at top

Office Use Only

BUSINESS OFFICE REPLY _____ BY _____
DATE REC'D _____ BY _____