



WILLIAMS
BAPTIST UNIVERSITY

OFFICE OF THE REGISTRAR
56 McClellan Dr. • 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 # _____

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="checkbox"/>	Official Transcript (<i>mailed only</i>)	*\$10	

***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: By typing your name, 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 mryan@williamsbu.edu

Office Use Only

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