



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>)	*\$15	

**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 Pick Up

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

MAIL:
Name _____

PICKUP:
Name of Authorized Person _____

Address _____

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

<i>Office Use Only</i>	
BUSINESS OFFICE REPLY _____	BY _____
DATE REC'D _____	BY _____