



REQUEST FOR TRANSCRIPT

Name _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____

Name while attending UAHT (if different from above): _____

Send transcript to : _____

Number of copies _____ Official _____ Unofficial _____

Are you currently enrolled at UAHT? _____ Yes _____ No

Last semester/year completed at UAHT _____

Check if applicable: _____ Send after final grades have been posted
_____ Student will pick up transcript
_____ Member Phi Theta Kappa

Student's signature _____ Date _____

Sign this form, and mail to the address above, fax to 870-722-6630 or email it to registrarsoffice@uaht.edu

TO BE COMPLETED BY THE REGISTRAR'S OFFICE:

_____ Business Office _____ Library

Date mailed or picked up by student: _____

Family Educational Rights and Privacy Act of 1974. Section 438 (4) B Personal Information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the student.