



Southeast Arkansas College

1900 Hazel St., Pine Bluff, AR 71603

Tel (870) 543-5900 ♦ Fax (870) 543-5956 ♦ 1-888-SEARKTC (Toll Free) ♦ e-mail: www.seark.edu

Transcript Request Release of Information From other Institutions or High Schools

(Mail to High School, College, Vocational Technical School, or other schools attended)

Name of School _____

Please mail an Official copy of my transcripts (with final grades) and my health record to:

Admissions & Enrollment Management
Southeast Arkansas College
1900 Hazel
Pine Bluff, AR 71603

Transcript will be under this name _____

Social Security Number _____ Date of Birth _____

Check one: I Graduated I did not graduate

Last date of attendance: _____

If there is a fee involved, please bill me at the address below:

Applicant's name: _____

Address _____

Applicant's Signature _____ Date of Request _____