



# TRANSCRIPT REQUEST

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

List Dates of Attendance: \_\_\_\_\_

List other names used while attending SEARK College \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Year \_\_\_\_\_ Program/Course of Study \_\_\_\_\_

Mail transcript now Number of Transcripts mailed \_\_\_\_\_

Mail End of Semester Number of Transcripts picked up \_\_\_\_\_

I hereby authorize Southeast Arkansas College to release a copy of my college record to:  
**(Please give a complete address for each copy requested)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Original Signature

\_\_\_\_\_  
Date

**NOTE:** Please allow at least 48 hours for processing of application. Requests to have an academic record sent via a fax machine cannot be honored.

**THIRD PARTY PICK-UP:** Anyone (parent, spouse, friend, etc.) picking up a transcript for another person must have a written notice stating the transcript may be released to him/her. The third party must also provide identification for himself/herself and the written notice must include the above information.

**OFFICE USE ONLY: Processed by: \_\_\_\_\_ Date \_\_\_\_\_**