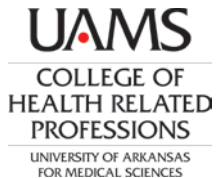


TRANSCRIPT REQUEST FORM



Mail completed request to:
Office of the Registrar
College of Health Related Professions
4301 West Markham, # 619
Little Rock, AR 72205
Telephone: 501/686-5730

To FAX: 501/686-6855

To turn in request in person: Administration
West Bldg, 3rd Floor, 300 Hooper Drive (across
from bookstore)

Instructions

- (1) Please print legibly and complete ALL sections.
- (2) Complete a separate transcript request for each address to which a transcript is to be sent.
- (3) Once completed, mail, fax or bring the form to the Registrar's office. Telephone requests will not be accepted.
- (4) Transcripts can only be released with the written authorization of the student whose records it is.

Student Information:

Name

Address

City State Postal Code

(_____) _____ - _____
Daytime Phone Number

Number and Type* of transcript needed:

NOTE: Effective July 1, 2010 we no longer charge for transcript requests. A maximum of 5 transcripts per day may be requested.

- Official transcript – How many _____
 - Unofficial transcript - How many _____
- (*If you do not denote type, your request will be processed as an unofficial transcript.) **Official transcripts cannot be faxed.**

Delivery Instructions:

- I will pick up
- Mail now
- Mail after posting grades
- Fax now (*Unofficial transcripts only*)

If transcript is to be faxed, complete the following:

(_____) _____ - _____

If transcript is to be mailed, complete the following mailing information:

Name

Address

City State Postal Code

Social Security Number: _____

Date of Birth: _____

Currently enrolled at UAMS? Yes No

If no, last attended: Semester _____ Year _____

Indicate Department:

- Audiology
- Biomedical Instrumentation Technology
- Cytotechnology
- Dental Hygiene
- Diagnostic Medical Sonography
- Dietetic Internship (beginning **May 2006** – see Graduate School Web site if you attended prior to this date)
- Emergency Medical Sciences
- Health Information Management
- Medical Dosimetry
- Medical Technology
 - Molecular Biotechnology
- Nuclear Medicine Imaging Sciences
- Nuclear Medicine Advanced Associate
- Ophthalmic Medical Technology
- Radiation Therapy
- Radiologic Imaging Sciences
- Radiologist Assistant
- Respiratory Care
- Surgical Technology

PLEASE PRINT **ALL** FORMER NAMES:

Request will be processed in 3 to 5 business days

- Transcripts are not processed while-you-wait
- Transcripts provided to students will be noted as "Issued to Student"
- CHRP grades must be submitted before a CHRP transcript can be issued

Student's Signature (REQUIRED)

X _____

Date: _____

TR07012010