

TRANSCRIPT REQUEST FORM
REQUESTS PROCESSED IN 3 to 5 BUSINESS DAYS

Mail completed request to:
 Office of the Registrar
 College of Health Related Professions
 4301 West Markham, # 619
 Little Rock, AR 72205

To FAX to CHRP: 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.

Social Security Number: _____

Date of Birth: _____

Currently enrolled at UAMS? Yes No

If no, last attended: Semester _____ Year _____

Student Information:

 Name

 Address

 City State Postal Code

(_____) _____ - _____
 Daytime Phone Number

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

Number and Type* of transcript needed:

- Official transcript – How many _____
- Unofficial transcript - How many _____

*If you do not indicate type, your request will be processed as an unofficial transcript. **Official transcripts cannot be faxed.**

Delivery Instructions:

- Process - Before grades are posted
 After grades are posted

- Hold for pick up
- Mail
- Fax (*Unofficial transcripts only*)

Fax To: _____

Fax Number: (_____) _____ - _____

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

 Name

 Address

 City State Postal Code

Indicate Department:

- Audiology
- Biomedical Instrumentation Technology
- Cytotechnology
- Dental Hygiene
- Diagnostic Medical Sonography
- Dietetic Internship – **May 2006 Graduate to Current**
 (Contact UAMS Graduate School if prior to **May 2006**)
- 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:

- **Transcripts will not be processed while-you-wait**
- Requests will be processed in 3 to 5 days
- Transcripts provided to students will be noted as "Issued to Student"
- CHRP grades must be submitted before a CHRP transcript can be issued showing current grades

Student's Signature (REQUIRED)

X _____

Date: _____