

REQUEST FOR OFFICIAL TRANSCRIPT

Ecclesia College: Registrar's Office

9653 Nations Dr.

Springdale, AR 72762

(phone) 479-248-7236 (fax) 479-248-1455

Allow 2 to 7 business days for processing.

Name _____ Email _____
(First, M.I., Last)

ID# _____ Birth Date ____ / ____ / ____ Phone (____) _____
Mo Day Year

Permanent Address: _____
Street/Apt# City State Zip

Mailing Address: _____
Street/Apt# City State Zip

CHOOSE ONE:

Pick up _____ transcript(s) for personal use
of copies

Mail transcript(s) directly to address(es) below

SEND:

- As Soon As Possible
 After Semester Grades
 After Degree is Awarded

Mail _____ transcript(s) to:
of copies

College/Person/Place _____

Department _____

Street Address _____

City/State/Zip _____

Fax Phone _____

Mail _____ transcript(s) to:
of copies

College/Person/Place _____

Department _____

Street Address _____

City/State/Zip _____

Fax Phone _____

FOR OFFICE USE ONLY:

Holds: Yes _____ No _____

Holds checked by: _____ (Initials)

Student informed of holds:

Date: _____

Informed by: _____ (Initials)

Order Date

Mail Date

There is a \$5.00 charge per transcript request due at the time of the request. Checks should be made out to Ecclesia College and "transcript request" placed on the memo line.

Signature

Date

Note: Signature hereby authorizes EC to release my transcript as noted above and to update my contact information.