

REQUEST FOR TRANSCRIPT

Please complete the form below. Signature *** Office Use Only *** Request Transcript for: must be provided in order for the request to Date Received_____ be processed. Once the form is completed EACC: _____ Date Processed either email to (admissions@eacc.edu), fax to 870-633-3840 or mail to: Processed by: _____ Date Entered _____ **East Arkansas Community College** Attn: Registrar's Office CRTI: Business Hold Y N 1700 Newcastle Road Forrest City, AR 72335 Information Below Is Required In Order for Transcript To Be Processed Name: (Last) (First) (MI) (Maiden) Address: City: _____ State: ____ Zip Code: ____ Daytime Phone #:______ Alternate Phone #:_____ EACC ID # ______ or Social Security # _____ Date of Birth ____/ ____ Last Semester/Yr Attended _____ Email Address: ____ Signature Required For Transcript To Be Processed Signature: Date: ____ Method of Delivery: Number of copies:_____ ****Special Instructions**** Student Pick-up ____ Hold for Semester Grade (Y/N) Electronically to: Hold for Degree (Y/N) School: Please Include: ____ Test Scores ___ Fax to (___) _____ ____ Immunization Record (1) Mail to: (2) Mail to: School: School: Address: ____ Address: _____ City: State: Zip: City: State: Zip:

Family Educational Rights and Privacy ACT of 1974

Section 438B. Personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to the information without the written consent on the student. Details of the act are displayed in the administration building of East Arkansas Community College and may be reviewed at any time.

** Please allow 36 business hours from receipt of the request form to process transcript requests **