



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 569-3110
Fax: (501) 569-8168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Receipt No.
A fee of \$8.00 per transcript must be paid to the Bursar's Office before any requests will be processed.

Official Transcript Request Form

Student Name: _____ Date: _____

Mail Transcript to: _____

- Hold for Current Semester Grades Semester: _____
Hold for Degree Notation Semester: _____
Hold for Pickup (*Photo ID required when picking up)
Hold for High School Concurrent Grades

Number of Copies: _____

Former Name(s)*: _____

*(Maiden names, previously used names, other names enrolled under at UA-Little Rock)

T-Number/SSN: _____

Date of Birth: _____

Contact Information

Phone Number: _____

Email Address: _____

(Email will be used for communication purposes only, transcripts will not be sent by email)

Signature: _____

(Please Print and Sign this form, Digital Signatures cannot be accepted due to privacy concerns)

All financial obligations to UA Little Rock must be met before Official Transcripts will be issued.

This form can be submitted via fax to (501) 569-8168, scanned and emailed to records@ualr.edu or brought to our office in the Donaldson Student Services Center on the Second Floor.

For Office Use Only
Date Issued: _____
By: _____