



OFFICE OF RECORDS AND REGISTRATION

Phone: (501) 916-3110
Fax: (501) 916-3168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Immunization Record Request

Please print your name legibly as it currently appears on your UA Little Rock records:

First Middle Last Suffix

Trojan I. D. Number: T 0 0 or SSN

Previous Name (if applicable)

Phone Number:

Last Term/Semester Enrolled

Current Mailing Address:

Street/Apt

City State Zip Country

Check the appropriate box(es)

- Hold for Pick Up
Fax (please provide recipient name and number)

- Mail (please provide recipient name and mailing address)

Student's Signature Date

Office use only: Processed by on