NWACC
NORTHWEST ARKANSAS
COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM

Processed by_____
Date_____

ID#_____

SS#_____ Name _____ Date _____

Current Address _____ Phone _____
Street or P.O. Box

_____
City State Zip

Other names under which records could be listed [i.e. maiden name, married name(s), nicknames]:

_____

Use a separate form for each request. Please type or print legibly.

Financial obligations to NWACC must be satisfied before transcripts may be issued.

Allow **ONE WEEK** for a transcript to be issued, except at the end of a semester and prior to the start of a semester when you must allow **TWO WEEKS**.

CHECK THE APPROPRIATE ITEM(S) BELOW:

- ❑ **Official** ❑ **Unofficial**
- ❑ Hold Transcript Printing with Grades for _____ (Specify Pick up, Mail or Fax below)
  Specify Semester and Session
- ❑ Pick Up
- ❑ Mail Transcript (Enter address below)
- ❑ Fax To _____-_____-_____ (**Faxes will be unofficial**)

Number of Transcripts Requested _____

SEND TO: _____

_____

_____

_____

_____ _____
Student Signature Date

Send this request to the Student Records Office by one of these three methods:

1. **Mail:** NWACC Student Records Office,
   One College Drive
   Bentonville, AR 72712
2. **Fax:** (479) 619-2229
3. **In person:** The Student Records Office is located on the second floor of Student Center. Hours are Monday through Thursday from 8:00 a.m. to 6:00 p.m. and on Friday from 9:00 a.m. to 4:30 p.m. Exceptions to these hours are made during holidays.

   No one else (including your spouse, parent, etc) may pick up your transcript without your written permission. Identify by name the person who is authorized to obtain your transcript and include your original written signature.

Phone or e-mail requests are not accepted.