



**SOUTHERN ARKANSAS UNIVERSITY  
REQUEST FOR OFFICIAL TRANSCRIPT**

Mail this completed, SIGNED, form to:  
Office of the Registrar  
Southern Arkansas University  
P.O. Box 9404, Magnolia, AR 71754

**OR**

**Fax to: Office of the Registrar, Southern Arkansas University, 870 235-4931**

(Please Print)

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)

\_\_\_\_\_  
(Print former name(s) if different from current name)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Daytime Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Are you presently enrolled at SAU? \_\_\_\_ Yes \_\_\_\_ No

If "NO" what is the date of your last attendance? \_\_\_\_\_

Please send \_\_\_\_ copies (max. 5) of my transcript to the address indicated below.

\_\_\_\_ Immediately \_\_\_\_ After current grades are posted \_\_\_\_ After degree is posted

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Your request cannot be processed without a signature and copy of picture ID)*

**MAIL TRANSCRIPT TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This service is free. However, if you have any unpaid accounts with the University, transcripts will not be released until clearance is issued by the Business Office.