

Arkansas Arts Academy Transcript Request Form



Please print this form, and when complete mail to Arkansas Arts Academy HS, 506 W. Poplar Street, Rogers, AR 72756

I am requesting _____ copies of my High School Transcript at \$1 each.

Name at time of Graduation _____

Graduation Year _____ Date of Birth _____

Last 4 digits of Social Security# _____

Phone Number _____

Check one of the following:

_____ I will pick up transcripts in the registrar's office (Please allow 24 hours, once received in our office for processing requests).

_____ Fax a copy of my transcript to: _____

(Faxed transcripts are UNOFFICIAL)

_____ Please mail transcripts to: _____

*Attach another sheet if necessary - you must provide the complete address for each place you want transcripts sent. Transcripts will not be sent until payment is received.

Signature

Today's Date