



SHORTER COLLEGE REQUEST FOR OFFICIAL TRANSCRIPT

Mail this completed, SIGNED, form to:

Office of the Registrar

Shorter College

604 Locust Street, North Little Rock, AR 72114

OR Fax to: Office of the Registrar, Shorter College, 501-3749-333 OR
scan and email to: registrar@shortercollege.edu once you **SIGN** this form

Processing time is 24-72 hours once request is received.

DATE OF BIRTH: _____ (Please Print)
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: (____) ____ - ____

Email Address: _____

Are you presently enrolled at Shorter College? Yes ___ No ___ Date of last attendance? _____

Number of Copies

Mail _____ Sealed and Separate Envelopes Pick-Up _____
copies # copies

___ Immediately ___ After current grades are posted ___ After degree is posted

SIGNATURE: _____ DATE: _____

(YOUR REQUEST CANNOT BE PROCESSED WITHOUT A SIGNATURE)

We only FAX to other Colleges and Universities for a charge of \$5.00 per FAX

MAIL TRANSCRIPT TO:

If you have any unpaid accounts or holds with the College, transcripts will not be released until clearance is issued by Shorter. There is a charge of \$5.00 for each official transcript requested.