



Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

REQUEST INFORMATION FROM ACADEMIC FILES

Name: _____ I.D./S.S. No. _____
(Please Print)

Contact Phone #: _____

PLEASE LIST ITEMS YOU ARE REQUESTING FROM YOUR ACADEMIC FILE:

I understand that any information copied from my academic file will be treated as unofficial and stamped "STUDENT ISSUED" if it is not mailed directly to another institution or agency.

Please Initial Next to One of the Method in Which You Would Like to Receive This Information:

_____ I will pick this information up at the Registrar's Office _____

_____ Please fax this information to: _____

_____ Mail this information to the address listed below:

(home, institution, or agency)

(Street address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip)

Signature: _____ Date: _____

NOTE: Duplication and release of student records is governed by a variety of laws and policies. Please allow a minimum of two hours for this process.