

Southern Arkansas University
Transcript Request Form

Mail To:

Southern Arkansas University
Office of the Registrar
P.O. Box 9404
Magnolia, AR 71754
Telephone: (870) 235-4031
Fax: (870) 235-4931
Scan and e-mail to: sauregistrar@saumag.edu



For Office Use Only:

BUS. OFFICE - RECORDS OFFICE - DATA PROCESS

Hold _____ Date last enrolled _____ Completed by _____
Clear _____ Amount _____ Date Sent _____

SSN _____

Date of Birth: _____

Full Name: Last _____ First _____ Middle _____ "Maiden" (if applicable) _____

Print former name(s) if different from current name: _____

Student's Current Mailing Address _____
Street _____ City _____ State _____ Zip _____

E-mail Address: _____ Daytime Telephone No.: _____

Are you presently enrolled at SAU? _____ Yes _____ No Date of last attendance? _____

Please send _____ copies of my transcript to the address listed below.

Send: _____ Immediately _____ After current grades are posted _____ After degree is posted

Number of Copies

Mail _____ # copies Sealed and Separate Envelopes Pick-Up (Now) _____ # copies Electronic-Only Students enrolled after June 1991

If you have any financial obligation or hold with the University, transcripts will not be released until clearance is issued by the appropriate office.

SAU does not release documents received from other institutions, including high schools and other colleges and universities.

Mail Transcript To:

City _____ State _____ Zip _____

Electronic Transcript Information:

Only Students enrolled after June 1991
Contact Name: _____
Contact Telephone #: _____
E-mail: _____

Requested By: _____

(Student's Signature Required)

(Date of Request)