



# Transcript Request

Transcript Request forms can be submitted via e-mail to registrar@crc.edu, faxed to 870-236-7748, mailed to ATTN: Registrar, 100 College Drive, Paragould, AR 72450, or processed online at crc.edu. Questions can be directed to 870-236-6901 X 136.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 First semester attended CRC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION

Official Transcript

Unofficial (FREE)

Please select the number of copies you are requesting:  1 copy (\$5)  2 copies (\$10)  3 copies (\$15)  4 copies (\$20)

Pickup

Send to:

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

## TRANSCRIPT HOLD REQUEST

Check one of the following if you would like printing your transcript to be held until your grade(s)/degree is/are posted.

Semester Grades: \_\_\_\_\_

Degree Posted: \_\_\_\_\_

Semester Year

Semester Year

## PAYMENT OPTIONS

Payment by Mastercard/Visa can be made in person or over the phone after the request has been submitted. Cash or check can be mailed or processed in office. Credit card information will not be accepted via e-mail or fax.

Cash

Check

Credit Card

Office Use Only:	Amount Paid: _____	Initial: _____	Hold: _____
	<input type="checkbox"/> APPROVED		
	<input type="checkbox"/> DENIED: Account Balance		
	Credit Card Refused		