

MISCELLANEOUS INFORMATION
REQUEST FORM

Processed by _____
Date _____
Scanned by _____
Date _____

ID# _____
or
SS# _____ Name _____ Date _____
Last First MI

Current Address _____ Phone _____
Street or P.O. Box

City State Zip

Other names under which records could be listed [i.e. maiden name, married name(s), nicknames]:

Request Information

CHECK THE APPROPRIATE ITEM(S) BELOW:

- | | |
|---|--|
| ☐ Immunization Record | ☐ Copy of other college Transcript * (unofficial) |
| ☐ Placement Test Scores | School Name(s) _____ |
| ☐ Copy of high school transcript *
(unofficial) | ☐ Other _____ |

*Copies of high school transcripts and college transcripts must be sent directly to the student.
Copies will not be sent to third parties.

Sending Information

CHECK THE APPROPRIATE ITEM(S) BELOW:

- ☐ Mail (enter address →)
☐ Pick Up
☐ Fax ____ - ____ - ____

Mailing Address:

Student Signature _____

Date _____

Send this request to the Student Records Office by one of these three methods:

- Mail:** NWACC Student Records Office,
One College Drive
Bentonville, AR 72712
- Fax:** (479) 619-2229
- In person:** The Student Records Office is located on the second floor of Student Center.

No one else (including your spouse, parent, etc) may pick up your information without your written permission. Identify by name the person who is authorized to obtain your information and include your original written signature.

Phone or e-mail requests are not accepted.