

OFFICE USE ONLY
PROCESSOR:
DATE:
HOLD:

INFORMATION REQUEST FORM

Southern Arkansas University Tech
Office of the Registrar
PO Box 3499
Camden, AR 71711
PH: 870-574-4485 FAX: 870-574-4442



SID/SSN _____ **Phone #** _____

Name _____ **DOB** _____
LAST FIRST MI

Former names under which information may be listed:

Current Address _____
STREET CITY STATE ZIP CODE

E-mail address _____

Student Signature _____ **Date** _____

Please mark the following items you wish to be released:

- ___ Enrollment verification for Semester(s) or Term(s): _____
- ___ Letter of good academic standing
- ___ Immunization records
- ___ Placement test scores
- ___ Other – Please specify: _____

If above requested items need to be mailed, please give mailing address(es):

<i>Address #1</i>	<i>Address #2</i>
<i>Address #3</i>	<i>Address #4</i>