

**Transcript Request Form
Philander Smith College
One Trudie Kibbe Reed Drive
Little Rock, Arkansas 72202**

Date of Request _____

Please indicate:

_____ **Mail transcript** _____ **Number of transcript(s) to mail**
_____ **Will pick up** _____ **Number of transcript(s) to pickup**
_____ **Official Transcript** _____ **Unofficial Transcript**

Social Security Number _____ **Dates of Attendance** ____ to ____

Name: _____
(Please list all other names used while attending Philander Smith College.)

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ **Other Phone:** _____

Did you Graduate? _____ **If so, when?** _____

If transcript(s) are being sent somewhere other than your mailing address, please complete this area below:

To: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Please Note:

- Transcripts will be processed within a two business days.
- Transcripts will not be released until all financial obligations are paid in full.
- Transcripts are not processed on a while you wait basis.
- Transcripts considered official by PSC include a school-seal.

Signature: _____

Date: _____