



Reverse Transcript Request Form

Office Use Only:

Approved By: _____

Date: _____

Issued By: _____

Date: _____

ID# _____ (if unknown please provide SS#)

SS# _____ Name _____ Date _____

Address: _____

Date of Birth: _____ Email address: _____

Phone # _____ Home ____ Mobile

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

Financial Obligations to JBU must be satisfied before a transcript is issued.

SEND TRANSCRIPT TO:

- Carl Albert State College (CASC)
- Black River Technical College (BRTC)
- Northwest Arkansas Community College (NWACC)
- Southern Arkansas University (SAU) Tech

Requests completed using this form will be sent automatically to the attention of the Reverse Transfer contact.

Authorization:

I authorize the release of my academic records maintained by John Brown University to the college(s); and the release of my academic records maintained by said college to John Brown University without prior notice and the purpose of credit evaluation to determine the awarding of an associate's degree of other credential of value. I understand that I have the right to rescind this authorization at any time by notifying the Office of the Registrar at John Brown University in writing of my decision. I understand that such revocation will not affect any disclosures previously made before receipt of any such written revocation.

Signature: _____ Date: _____

(Signature required by Federal Privacy Laws)