



## 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)

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)