

INFORMATION RELEASE REQUEST



**ARKANSAS STATE
UNIVERSITY
THREE RIVERS**

Date: _____ SSN/ID: _____

Name: _____
(Please Print) Last First MI

Address: _____
Street City State Zip

Phone Number: _____ E-mail: _____

Information Requested (Circle All Needed Documents)

High School Transcript/GED Scores

Immunization Records

Test Scores (ACT, COMPASS, SAT, ACCUPLACER)

Other Documents: _____

How would you like to receive your documents?

Student Pick-Up (Valid Photo ID REQUIRED) (2-3 Business Days)

Allow _____ to pick up my document(s). (Valid Photo ID REQUIRED)

Send documents to Institution/Individual listed below:

Name of Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

For Office Use Only

Data Processing Completed By: _____ Date: _____