

# CABOT HIGH SCHOOL

## Transcript Request

Please indicate any deadline  
Not for use by current students!

Name at time of graduation \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Phone number (in case of questions) \_\_\_\_\_ # of copies needed \_\_\_\_\_

**\*\*\*\*\*It may take up to 10 weeks for ACT scores to reflect in Triand\*\*\*\*\***

Commonly Requested Colleges/Universities	Other
<input type="checkbox"/> Arkansas Department of Higher Education	1. _____
<input type="checkbox"/> Arkansas State University (Beebe)	_____
<input type="checkbox"/> Arkansas State University (Jonesboro)	<i>Name of Institution</i>
<input type="checkbox"/> Arkansas Tech University	_____
<input type="checkbox"/> Baptist School of Nursing and Allied Health	_____
<input type="checkbox"/> Central Baptist College	<i>Mailing Address</i>
<input type="checkbox"/> College of the Ozarks	_____
<input type="checkbox"/> Harding University	_____
<input type="checkbox"/> Henderson State University	<i>City ST ZIP</i>
<input type="checkbox"/> Hendrix College	_____
<input type="checkbox"/> John Brown University	2. _____
<input type="checkbox"/> Lyon College	_____
<input type="checkbox"/> NCAA Clearinghouse	<i>Name of Institution</i>
<input type="checkbox"/> Ouachita Baptist University	_____
<input type="checkbox"/> Pulaski Tech	_____
<input type="checkbox"/> Southern Arkansas Tech	<i>Mailing Address</i>
<input type="checkbox"/> Southern Arkansas University	_____
<input type="checkbox"/> UA, Fayetteville	_____
<input type="checkbox"/> UA, Fort Smith	<i>City ST ZIP</i>
<input type="checkbox"/> UA, Little Rock	_____
<input type="checkbox"/> UA, Monticello	_____
<input type="checkbox"/> University of Central Arkansas	_____
<input type="checkbox"/> University of the Ozarks	_____
<input type="checkbox"/> Williams Baptist College	_____

**DEADLINE DATE** \_\_\_\_\_

Print this form and mail to: Cabot High School  
Counseling Center  
401 N. Lincoln  
Cabot, AR 72023

or fax to: (501) 843-7756

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

My signature **below** authorizes release of my transcript after my graduation to my  
parents/guardians unless revoked in writing. \_\_\_\_\_

Date completed \_\_\_\_\_  
by \_\_\_\_\_