

SPRINGDALE HIGH SCHOOL

101 South Pleasant Street, Springdale, AR 72764; Phone (479) 750-8832; Fax (479) 750-8811
http://www.springdaleschools.org

Name: (Please print)		Date:	
Name(s) used while in school:			
Date of Birth:			
Year of Graduation:			
Non Graduates (Provide Year & Grade Of Attendance):			
Phone#:			
Signature: (Required)			

***** ALLOW A MINIMUM OF 3 BUSINESS WORKING DAYS FOR PROCESSING *****

Check which one(s) you are requesting:

1. Official copy to be sent to the following colleges/Organizations:

- | | |
|--|--|
| <input type="checkbox"/> Arkansas State University | <input type="checkbox"/> Arkansas Tech University |
| <input type="checkbox"/> Harding University | <input type="checkbox"/> Henderson State University |
| <input type="checkbox"/> Hendrix College | <input type="checkbox"/> John Brown University |
| <input type="checkbox"/> Lyon College | <input type="checkbox"/> N.W.A. C.C. |
| <input type="checkbox"/> N.T. I. | <input type="checkbox"/> Ouachita Baptist University |
| <input type="checkbox"/> U of A – Fayetteville | <input type="checkbox"/> U of A – Fort Smith |
| <input type="checkbox"/> University of Central Arkansas | <input type="checkbox"/> University of the Ozark |
| <input type="checkbox"/> Arkansas Academic Challenge Scholarship | <input type="checkbox"/> NCAA Clearinghouse |

Other:

Fax to:

- Shot Record (if available)

2. Official copy to be:

- Picked up by myself Picked up by my designee listed below:

3. Unofficial copy to be:

- Mailed to the following address:

Fax to:

*****(send a self addressed stamped envelope)*****