

TRANSCRIPT REQUEST FORM



PLEASE PRINT ALL REQUIRED INFORMATION.

Name: _____ SSN/ID: _____
Last Name First Name Middle Initial Former Name(s)

Address: _____
Street Address City State Zip Code

Phone Number: _____ Date of Request: _____

Date of Last Attendance: _____ **NOTE: TRANSCRIPTS CANNOT BE FAXED.**



AN OFFICIAL TRANSCRIPT WILL NOT BE FURNISHED FOR ANYONE WHOSE FINANCIAL OBLIGATIONS TO COLLEGE OF THE OUACHITAS HAVE NOT BEEN SATISFIED.
IF YOU ARE UNSURE IF YOU OWE, PLEASE CONTACT THE BUSINESS OFFICE AT (501) 332-0237 OR studentaccounts@coto.edu

How would you like to receive your transcript? NUMBER OF TRANSCRIPTS REQUESTED: _____

- Student Pick-Up (Valid Photo ID REQUIRED)
- Allow _____ to pick up my transcript(s). (Valid Photo ID REQUIRED)
- Send Transcript(s) to Institution/Individual listed below:

Name of Institution/Individual: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Electronic transcripts can be sent to select in-state institutions **ONLY**. You must provide the mailing address for the institution you list.

Use a separate form for each individual or institution to which a transcript is to be sent.

PLEASE NOTE IT TAKES APPROXIMATELY TWO BUSINESS DAYS TO PROCESS A TRANSCRIPT REQUEST.
DURING PEAK TIMES, SUCH AS REGISTRATION OR GRADUATION, MORE TIME IS REQUIRED.

When to send Transcript?

- | | |
|---|--|
| <input type="checkbox"/> Processed within 2 business days | <input type="checkbox"/> After degree is posted |
| <input type="checkbox"/> After current grades are posted | <input type="checkbox"/> After incomplete grades are changed |

Where to send Transcript Request Form?

<u>Mailing Address</u> Student Affairs College of the Ouachitas One College Circle Malvern, AR 72104	<u>Fax Phone</u> (501) 337-9382
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*Signature Required: _____ Date: _____

For Office Use Only

Data Processing Completed By: _____ Date: _____