

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?

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: _____

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?

Processed within 2 business days

After degree is posted

After current grades are posted

After incomplete grades are changed

Signature: _____ Date: _____

For Office Use Only

Data Processing Completed By: _____ Date: _____