

# 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](mailto: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?

\_\_\_ 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: \_\_\_\_\_