

# 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.***

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 Transcripts 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.*

***YOUR REQUEST WILL NOT BE PROCESSED UNTIL THE \$5.00 FEE TO SEND OR RECEIVE AN OFFICIAL TRANSCRIPT IS PAID TO THE BUSINESS OFFICE AND THE TRANSCRIPT REQUEST FORM IS TURNED IN.***

## 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: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Received By: \_\_\_\_\_