



# TRANSCRIPT REQUEST FORM

Office of the Registrar

### Please Read Instructions Carefully

1. There is no fee for transcripts at this time, however all admissions requirements and financial obligations must be met before transcripts may be released.
2. Complete a separate transcript request form for each destination to which you want transcripts mailed, and include the complete mailing address. Do not use school abbreviations.
3. Transcripts may be released only with the written authorization of STUDENT.
4. No phone requests accepted.
5. Please allow at least 2 to 3 days for processing of mailed or faxed transcript requests.

Completed forms may be faxed to 870-368-2091 or mailed to:  
 Ozarka College, Registrar, PO Box 10, Melbourne, AR 72556

Emailed forms will not be accepted unless they are scanned copies bearing the student's signature.

PLEASE **PRINT** ALL INFORMATION LEGIBLY

Last Name	First	Middle	Former Names
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Current Address	City	State	Zip Code
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Telephone Number	E-mail address	Date of Birth
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When did you first enroll at Ozarka College? Term \_\_\_\_\_ Year \_\_\_\_\_

When were you last enrolled at Ozarka College? Term \_\_\_\_\_ Year \_\_\_\_\_

Currently attending? \_\_\_\_\_

**I AUTHORIZE RELEASE OF MY OZARKA COLLEGE TRANSCRIPT(S) AS INDICATED BELOW:**

Mail transcript(s) now \_\_\_\_\_ How many? \_\_\_\_\_

Mail after current semester grades are posted. \_\_\_\_\_

Do not mail, I will pick up. \_\_\_\_\_

Please also send my:

Immunization records \_\_\_\_\_

Compass scores \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**MAIL TO: (Include a complete address, and submit a separate request form for each address).**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you would like your transcript sent electronically to the Arkansas Department of Higher Education for the AR Challenge Scholarship, you may just check this box.**

**For Office Use Only**

Date Received:

\_\_\_\_\_

Received By:

\_\_\_\_\_

Date Mailed:

\_\_\_\_\_

Revised 05/04/2012