



Ozarka College

PO Box 10, Melbourne, AR 72556
870-368-7371

TRANSCRIPT REQUEST FORM Office of the Registrar

Please Read Instructions Carefully

1. There is no fee for transcripts at this time.
2. All admissions requirements and financial obligations must be met before transcripts may be released.
3. Complete a separate transcript request form for each destination to which you want transcripts mailed.
4. Transcripts may be released only with the written authorization of STUDENT.
5. No phone request accepted.
6. Except as noted below, allow at least 2 to 3 days for processing of transcript requests.

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	Student ID (9 digit #, not student #)
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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. _____

Signature

Date

Mail to:

For Office Use Only

Date Received: _____

Received By: _____

Date Mailed: _____