

<p>Use a separate form for each individual or institution to which a transcript is to be sent.</p>	<p>COLLEGE OF THE OUACHITAS One College Circle, Malvern, AR 72104 TRANSCRIPT REQUEST PLEASE PRINT – PRESS FIRMLY</p>	<p>An official transcript will not be furnished for anyone whose financial obligations to College of the Ouachitas have not been satisfied.</p>
<p>Data Processing Completed By: _____ Date Sent : _____</p>	<p>_____ Social Security # or Student ID # _____ Last Name First Name Middle/Former _____ Street Address _____ City State Zip Code Date of Request _____</p>	<p>Type of Transcript: <input type="checkbox"/> Advising <input type="checkbox"/> Official Are you now enrolled at OTC? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, date of last attendance _____ Print all former names if different from current name. _____</p>
<p>Mailing Label This form will be placed in a window envelope and the correct and legible address is the student's responsibility.</p>	<p>PLEASE SEND ____ COPIES OF MY TRANSCRIPT TO: _____ _____ _____</p>	<p>PLEASE SEND TRANSCRIPTS: _____ Immediately _____ After current grades are posted _____ After degree is posted _____ After incomplete grades are changed _____ Transcript request are generally processed within three (3) working days. At the beginning or end of each semester, more time is required. _____ Signature: _____</p>