

## TRANSCRIPT REQUEST

Form should be completed prior to printing; move cursor to underlined area and type.  
Use the tab key to advance fields.

**Mail to** (include payment):

Registrar's Office  
College of the Ozarks®  
PO Box 17  
Point Lookout, MO 65726

Student ID Number \_\_\_\_\_

**Name:**

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Attended Name \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Number of copies \_\_\_\_\_

Send transcript to:

Recipient \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fax Transcript to: \_\_\_\_\_

Transcript fee \$15.00 per copy, attach a check or money order made payable to College of the Ozarks

I hereby authorize you to forward a transcript of my academic record to the address noted.

Signature \_\_\_\_\_ Date \_\_\_\_\_