



# COLLEGE *of the* OZARKS®

## OFFICE of the REGISTRAR TRANSCRIPT REQUEST

P.O. Box 17 • Point Lookout, MO 65726  
[reg1@cofo.edu](mailto:reg1@cofo.edu) • 417-690-3223

**Please, complete and submit this from along with payment (\$15 check or money order payable to College of the Ozarks) to the mailing address above.**

Transcript requests are processed within five business days of the date they are received.  
Processing time does not reflect delivery time.

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number or Student ID Number: \_\_\_\_\_

Name When Attending C of O: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approximate Dates of Attendance (years): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Recipient Information

Number of Copies: \_\_\_\_\_

Recipient Name/Organization: \_\_\_\_\_

Attention (not required): \_\_\_\_\_

Recipient Mailing Address: \_\_\_\_\_

Mailing Address (line 2, not required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Agreement

By signing below you are giving College of the Ozarks permission to release your official college transcript to the recipient address indicated above. College of the Ozarks will not process your request if you have an outstanding financial obligation to the College or other hold on your record.

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

**Office Use Only:**

Payment Receipt/Check #: \_\_\_\_\_

Holds Clear: Yes No

Processed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_