



Ouachita Hills Academy

Office of the Registrar

TRANSCRIPT REQUEST

P.O. Box 35

Amity, AR 71921

Facsimile: (870) 342-9569

Date: _____

Personal Information: *Please print your current mailing address.*

Last: _____ First: _____ MI: _____

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: _____ Any former name(s) you have had: _____

Date of Birth: ____/____/____ SS#: _____ - _____ - _____ Dates of Attendance: _____ - _____

Check if applicable: Please include my SAT/ACT scores

Signature of student: _____

Send transcript to:

School/Other: _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

Send transcript to:

School/Other: _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

Fax unofficial transcript to: (_____) _____

Special Instructions: _____

- The first transcript is free. Additional transcripts are \$5 each (check or money order payable to Ouachita Hills Academy.)
- **No transcripts issued to students with outstanding accounts.**
- **Please allow five business days to process transcript requests. Transcripts requested over a break or holiday (like Christmas) may take longer if personnel are out of the office.**
- For expedited transcripts, please include \$20 or the cost of the express delivery, whichever is greater.

For Office Use Only	
_____	Date request received
_____	Date transcript mailed
\$ _____	Amount included with request