OFFICE OF ACADEMIC AFFAIRS



REQUEST FOR UNOFFICIAL TRANSCRIPT OR OTHER DOCUMENTS

Please e-mail the completed form to registrars@ozarks.edu.

This form is not intended for official transcript requests. Request an <u>official transcript</u> through the National Student Clearinghouse.

First Name:	MI:	Last Name:	
(Please include all names which	n may be in the Uni	iversity records)	
Student ID # or SSN:	Date	of Birth:	
Dates Attended:	Phor	ne Number:	
 Documents Requested: Unofficial Transcript Enrollment Verification only Immunization Schedule for term Grade Card forterm Other 			
Mail Documents To:			

I am requesting the unofficial transcript or other documents be sent by e-mail to:

I have been informed and understand that e-mail is not considered a secure means of transmitting personal information. In the event of a security breach, I will not hold the University of the Ozarks liable.

Student Signature:	Date: