



# Ouachita Hills College

P.O. Box A  
Amity, AR 71921  
Telephone: (870) 342-6210  
Facsimile: (870) 342-9569

## ***Ouachita Hills College Request for Official Transcript***

TO THE REGISTRAR AT:

NAME OF HIGHSCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I am making application to attend Ouachita Hills College. Please forward an official copy of my transcript to the address listed below showing all my classwork taken at your institution. Include the grades and credits for each class. If for any reason you cannot comply with this request, please inform me and Ouachita Hills College.

OUACHITA HILLS COLLEGE  
PO BOX A  
AMITY, AR 79121

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTH DATE M/D/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (Please print as appears on record): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



# Ouachita Hills College

P.O. Box A  
Amity, AR 71921  
Telephone: (870) 342-6210  
Facsimile: (870) 342-9569

## ***Ouachita Hills College Request for Official Transcript***

TO THE REGISTRAR AT:

NAME OF COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I am making application to attend Ouachita Hills College. Please forward an official copy of my transcript to the address listed below showing all my classwork taken at your institution. Include the grades and credits for each class. If for any reason you cannot comply with this request, please inform me and Ouachita Hills College.

OUACHITA HILLS COLLEGE  
PO BOX A  
AMITY, AR 79121

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTH DATE M/D/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (Please print as appears on record): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_