



# Ouachita Hills Academy

P.O. Box 35

Amity, AR 71921

Phone: (870) 342-6210

Facsimile: (870) 342-9569

## TRANSCRIPT REQUEST

**To:** Name of Institution: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Requesting the transcript for the following individual:** *Please print your current mailing address.*

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Years of Attendance: \_\_\_\_\_ - \_\_\_\_\_

**Signature of student:** \_\_\_\_\_ **Date** \_\_\_\_\_

The above named student has applied for admission to Ouachita Hills Academy. Please send a transcript of grades, including credits, achievement test scores, health records, and any additional information that would be useful to us in placing this student. Thank you for your assistance.

### Parental Permission to release school records:

I do hereby permit you to release any information, including transcript of grades, test results, and health records requested by Ouachita Hills Academy for the admission of my child listed above.

**Signature of parent:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Fax a copy of Transcript to:** (870) 342-9569  
**Mail Originals Directly to:** Office of the Registrar  
Ouachita Hills Academy  
P.O. Box 35  
Amity, AR 71921  
E-mail: [Registrar@ouachitahillsacademy.org](mailto:Registrar@ouachitahillsacademy.org)