# OZARK MOUNTAIN SCHOOL DISTRICT

250 HIGHWAY 65 SOUTH
ST. JOE, ARKANSAS 72675
PHONE: 870.288.1112 FAX: 870.288.1123

## REQUEST FOR TRANSCRIPT

Please Print Name enrolled Under (Last, First, Middle, Other):_____

Current Phone:_____-_____-_____

Last Four Digits of Social Security Number:_____ Date of Birth:_____/_____/_____

Your Current Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Year Graduated/Last Attended: _____

Circle School Graduated From: Bruno-Pyatt St. Joe Western Grove

Who you want us to mail or **Fax Transcript to (Please include complete address and/or fax number):

Attention To:_____ Fax Number: _____-_____-_____

Mailing Address::_____

City:_____ State:_____ Zip Code:_____

Signature:_____ Date:_____/_____/_____

**Fax or Email Transcripts *do not have a raised seal* and are not considered "Official Transcripts"

**Please remit this Request for Transcript to the proper school address or school fax number. Please call for an email to send your request to.**

Bruno-Pyatt Campus/250 South HWY 65, St. Joe, AR, 72675/Fax: 870.288.1124
Phone: 870.288.1112
St. Joe Campus/250 South Highway 65, St. Joe, AR, 72675/Fax: 870.288.1123
Phone: 870.288.1122
Western Grove Campus/300 School Street, Western Grove, AR 72685/Fax: 870.288.1102
Phone: 870.288.1100

Attention: Registrar