



OKLAHOMA CITY

REQUEST FOR OFFICIAL TRANSCRIPT/REGISTRAR SERVICES
OKLAHOMA STATE UNIVERSITY-OKLAHOMA CITY ♦ ADMISSIONS AND REGISTRAR SERVICES
900 North Portland Ave. ♦ Oklahoma City, Oklahoma 73107

Name _____ Student ID _____ Birthdate _____

Item/Service Requested:

OSU-OKC transcript Number requested _____

Send after current semester grades are recorded

Hold for pick-up

Mail to address below:

Other _____

Copies of transcripts on file from other schools (requires 48 hours to process)

Insurance verification/Enrollment verification

Letter of good standing

Student ID

Deferment forms (proper form must be attached)

For what semester do you request the deferment? _____

Student Signature

Phone

Date