Request for Transcript/Registrar Services Form

Office of Admissions / Registrar & Records
900 N. Portland Ave ▪ Oklahoma City, OK 73107
405.945.3291 ▪ 405.945.3277 (Fax)
records@osuokc.edu ▪ www.osuokc.edu

Please print clearly**.** Transcript requests are processed daily and will be mailed within 24 hours of submission. Please allow 24 – 48 hours for other requests to be processed. Transcripts held for final grades will be mailed within 48 hours of the grade submission deadline.

Submit request to OSU-OKC Admissions/Registrar Services in person, by fax, U.S. mail or email (see above). *For quicker service, transcript requests may be made online using SIS*.

IMPORTANT: If you have any holds with OSU-OKC (ex: unpaid balance, loan exit interviews, etc.), transcripts or other requested documents will not be issued until the hold has been cleared by the appropriate office.

Student Information:

Student Name : last first middle maiden

CWID or SSN Birth date (mm/dd/yy)

preferred email phone number

☐ I give OSU-OKC Office of Registrar Services permission to contact me at this email address if necessary.

Student Signature--Requests will not be processed without a signature. Date

Transcript Request:

Number of copies requested _____

Delivery Format:
- ☐ Send AFTER current semester grades are recorded
- ☐ Hold for pick-up *(will be available at Admissions/Registrar Services counter after 24 hours)*
- ☐ Mail to address below:

_____
name/institution
_____
street address
_____
city, state, zip

OSU-OKC will NOT fax official transcripts under any circumstances.

Item/Service Requested:

- ☐ Enrollment Verification/Insurance Verification
- ☐ Deferment Forms
  - For what semester do you request deferment? _____
- ☐ Letter Request – please attach a detailed explanation/description
- ☐ Consortium Agreement – attach to this form (*NOTE: allow up to one week for processing*)

Delivery Format:
- ☐ Hold for pick-up *(will be available at Admissions/Registrar Services counter after 24-48 hours)*
- ☐ Mail to:

_____
name/institution
_____
street address
_____
city, state, zip

For Office Use Only:
Processed by: Date: Comments: