

**Oklahoma State University – Oklahoma City  
Student Activities Transcript Request**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of copies needed: (limit of ten copies) \_\_\_\_\_ Date needed: \_\_\_\_\_

Method of Delivery: (allow two weeks)

\_\_\_\_\_ Will pick up in the Office of Student Activities

\_\_\_\_\_ Mail directly to above address

The Office of Student Activities will keep a copy of this request and a copy of your student activities transcript on file for a period of 90 days.

Academic Year	Organization Name	Type of Organization	Position Title	Skills/ Participation	Advisor's Signature

Return this request in person or by mail to:

The Office of Student Activities  
OSU-Oklahoma City  
900 N. Portland Ave.  
OKC, OK 73107