STUDENT INFORMATION OFFICE

Request for Transcript

PLEASE PRINT: Use a separate form for each address where transcripts are to be sent.

Name: ___________________________ Date: ________________

Last, First, Middle

Address: ___________________________

_________________________________

_________________________________

Phone: _____________________________

Signature: __________________________ ID #: ________________

Last semester/year attended at OU: Fall ___ Spring ___ Summer ___

Please send __ copies of my transcript to:

___ Official and Sealed

___ Unofficial

Special instructions:

___ Hold transcript(s) until current semester grades are posted

___ Hold transcript(s) until degree is posted

Transcripts will be sent out within five (5) working days except during rush periods.

No transcript will be furnished for any person whose financial account with the University is not clear.