

Request for Transcript/Registrar Services Form



Office of the Registrar
900 N. Portland Ave • Oklahoma City, OK 73107
405.945.3291 • 405.945.3277 (Fax)
okc.records@okstate.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 Office of the Registrar in person, by fax, U.S. mail or email (see above). *For quicker service, current student may request transcripts online through MyOKState.*

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. Once the hold is cleared, students must submit another request.

Student Information:

Student Name: Last First Middle Maiden/Prior Last Name

Student ID (if unknown last 4 of SSN) Birth Date (mm/dd/yy)

Preferred email Phone Number

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

Student Signature Date

Requests will not be processed without a signature and submitted with a valid photo ID

Transcript Request:

Number of copies requested _____ (limit 5)

Delivery Format:

- Send AFTER current semester grades are recorded
- Mail to address below:

Name/Institution

Street Address

City, State, Zip

OSU-OKC now offers electronic transcripts for **\$6**. Electronic transcripts are provided securely through our transcript partner Parchment.

Instructions on ordering electronic transcripts can be found at:
www.osuokc.edu/transcripts/

Please check with the receiving party on their ability to accept electronic transcripts before placing the online order.

The Office of the Registrar does not provide copies of unofficial transcripts and 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:

- Mail to:

Name/Institution

Street Address

City, State, Zip

For Office Use Only:

Processed by: Date: Comments: