

322 Student Union Stillwater, Oklahoma 74078-1013 405-744-6876 | **O registrar@okstate.edu**

EDUCATIONAL RECORDS PICK-UP

Diploma	Transcript Other:	
Name of Records Holder (La	ast, First, Middle) PLEASE PRINT	Student ID/Social Security Number
Name on Student Record (L	.ast, First, Middle) PLEASE PRINT	Date of Birth
Signature (this signature provi	ides consent for handing off of records to assigned/designated third parties)	Date
THIRD-PARTY PICK-UP ON	LY:	
Name of receiving third par	ty (Last, First, Middle)	-
INVESTIGATOR PICK-UP OF	NLY:	
Signature		Date
Name of Investigator (First,	Last) PLEASE PRINT	
Organization:		
	Registrar Use Only	

	Verification of studer	nt-signed consent 🔲
Date:		Registrar Staff:
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