



REQUEST FOR OFFICIAL TRANSCRIPT

Please read carefully. Fill out completely, return to our office and remember to allow three weeks for processing at end of term. PRINT CLEARLY.

Last Name First Name Middle Name Maiden Name

SSN or Student ID Birthdate (MM/DD/YYYY) Preferred e-mail address

I give the Office of the Registrar permission to contact me at this e-mail address.

Phone Number

Are you currently enrolled at OSU? Yes No If not currently enrolled, last semester of OSU enrollment?

Number of transcripts requested: Place in individual signed, sealed envelopes:

Please indicate how/when you want the transcript sent:

- Send now
Hold for current semester grades
I have paid for expedited shipping via eShip Global
Third-party pick-up Name
Hold for following change(s):
Other instructions:

Where and to whom will the transcript(s) be mailed:

Name

Street Address 1

Street Address 2

City State Country Postal Code

Note: If you have any unpaid accounts with the University, transcripts will not be issued until clearance is issued by the Bursar (Bursar Phone: 405-744-5996). Transcripts cannot be faxed or e-mailed.

Signature of Person Making Request: (Your request cannot be processed without a signature)

Registrar's Use Only
Printed: Hold: Initials: Date: