

Transcript Request

Student Identification Information

Student Name (please print)			Student ID Number	Enrollment History
Last Name	First Name	Middle		These records will need to be researched and will take longer to process: <input type="checkbox"/> Enrolled Prior to 1960 <input type="checkbox"/> Enrolled 1960 – 1984
Student's Name(s)			Date of Birth	
Former Last Name	Date Last Used (Year)			These records will be processed within 5 business days of receipt of the request: <input type="checkbox"/> Enrolled After 1984
			Social Security Number	
<input type="checkbox"/> Please update my records to reflect the following address information. <input type="checkbox"/> Do not update my records to reflect the following address information, the information provided below is only temporary.				
Home Telephone	<input type="checkbox"/> Home Address		<input type="checkbox"/> Permanent Address (if different from home)	
()				
Permanent Telephone				
()				
Cell Phone	Personal Email	Other Email (Work/School)		
()				

Transcript Information

Type of Transcript		Quantity	Preparation Instructions (additional space provided on back)
<input type="checkbox"/> OUHSC Official Transcript			<input type="checkbox"/> Mail Transcript(s) (provide exact name and address for mailing)
OUHSC Official	<input type="checkbox"/> Place in sealed envelope	<input type="checkbox"/> Will pick up transcript*	
	<input type="checkbox"/> Mail transcript after current term grades are posted		
	<input type="checkbox"/> Mail transcript after degree is posted Expected Graduation Date _____ Program of Study _____		
<input type="checkbox"/> OU Norman Official Transcript			<input type="checkbox"/> Mail Transcript(s) (provide exact name and address for mailing)
Norman Official	<input type="checkbox"/> Place in sealed envelope	<input type="checkbox"/> Will pick up transcript*	
	<input type="checkbox"/> Mail transcript after current term grades are posted		
	<input type="checkbox"/> Mail transcript after degree is posted Expected Graduation Date _____ Program of Study _____		

Authorizations and Signatures

Student Signature _____	Date _____	Parents Signature (if obtaining records through FERPA) _____	Date _____
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Administrative Use Only

Processed By _____	Date _____	Record Location _____	Comments _____
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Transcript Request Continued

Process

The University of Oklahoma Health Sciences Center
Office of Admissions and Records
David L. Boren Student Union
1106 N. Stonewall
SU104
Oklahoma City, OK 73117-1200

Telephone (405) 271-2683
FAX (405) 271-2682

Steps:

1. Submit your request to the address listed above.
2. The Office of Admissions and Records receives transcript requests in person by the student with proper identification, by fax with the student's signature, and by mail with the student's signature. Email requests are not accepted unless it is accompanied by a completed form with the student's signature.
3. This form is available at the Student Union Office of Admissions and Records and on the official Office of Admissions and Records website under Forms.
4. It is important that the student signs this form in order to obtain a release of his/her transcript and submit it accurately and completely to the Office of Admissions and Records Student Union location for processing.
5. Questions regarding this form may be directed to (405) 271-2683.
6. Transcripts requested will be processed within 5 business days except during peak times.
7. Effective 08.01.02 there is no charge for official or unofficial transcripts.
8. All transcripts given directly to the student will be stamped "Issued to Student".

Additional Space for Special Processing Instructions: