

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 | Year Last Used | | | 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 as the information provided below is only temporary. | | | | |
| Home Telephone | Home Address | | Permanent Address (if different from home) | |
| | | | | |
| Primary Telephone | | | | |
| | | | | |
| Cell Phone | Personal Email | Other Email (Work/School) | | |
| | | | | |

Transcript Information

| Type of Transcript | | Quantity | Preparation Instructions (additional space provided on back) |
|--|---|--------------------------------------|--|
| OUHSC Official Transcript | | | Mail Transcript(s) (provide exact name and address for mailing) |
| OUHSC Official | <input type="checkbox"/> Will pick up transcript | <input type="checkbox"/> Immediately | |
| | <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 | | | Mail Transcript(s) (provide exact name and address for mailing) |
| Norman Official | <input type="checkbox"/> Will pick up transcript | <input type="checkbox"/> Immediately | |
| | <input type="checkbox"/> Mail transcript after current term grades are posted | | |
| | 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 |
|-------------------|------|--|------|

Administrative Use Only

| | | | |
|--------------|------|-----------------|----------|
| Processed By | Date | Record Location | Comments |
|--------------|------|-----------------|----------|

Transcript Request Continued

Process

The University of Oklahoma Health Sciences Center
Office of Admissions and Records
Robert M. Bird Health Sciences Library
1105 N. Stonewall
LIB 121
Oklahoma City, OK 73117-1221

Telephone (405) 271-2359
FAX (405) 271-2480
Email: admissions@ouhsc.edu

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, by mail with the student's signature, and through the National Student Clearinghouse. 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 Office of Admissions and Records and on the official Office of Admissions and Records website.
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 for processing.
5. Questions regarding this form may be directed to (405) 271-2359.
6. Transcripts requested will be processed within five (5) business days of the receipt of the request, except during peak times.
7. Effective 08/01/02, there is no charge for official transcripts.
8. All transcripts given directly to the student will be considered unofficial unless delivered in the original sealed envelope.

Note: Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it on the Transcript Request Form, it will be used for tracking purposes and to match your request with your educational records.

Additional Space for Special Processing Instructions: