



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)
OUHS Official Transcript		Mail Transcript(s) (provide exact name and address for mailing)
<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"/> Immediately	
<input type="checkbox"/> OU Norman Official Transcript		<input type="checkbox"/> Mail Transcript(s) (provide exact name and address for mailing)
<input type="checkbox"/> Will pick up transcript <input type="checkbox"/> Mail transcript after current term grades are posted Mail transcript after degree is posted Expected Graduation Date _____ Program of Study _____	<input type="checkbox"/> Immediately	

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
Recruitment and Admissions
Health Sciences Student Union
1106 N Stonewall Avenue
SU 300
Oklahoma City, OK 73117

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

Steps:

1. Submit your request to the address listed above.
2. Recruitment and Admissions 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 Recruitment and Admissions office and on the official Recruitment and Admissions 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 Recruitment and Admissions 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: