

# Transcript Request

**Student Identification Information**

<b>Student Name (please print)</b>			<b>Student ID Number</b>	<b>Enrollment History</b>
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
<b>Student's Name(s)</b>			<b>Date of Birth</b>	
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
			<b>Social Security Number</b>	
<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.				
<b>Home Telephone</b>	<b>Home Address</b>		<b>Permanent Address (if different from home)</b>	
<b>Primary Telephone</b>				
<b>Cell Phone</b>	<b>Personal Email</b>		<b>Other Email (Work/School)</b>	

**Transcript Information**

Type of Transcript	Quantity	Preparation Instructions (additional space provided on back)
OUHSC Official Transcript		<b>Mail Transcript(s) (provide exact name and address for mailing)</b>
<b>OUHSC Official</b>	<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		<b>Mail Transcript(s) (provide exact name and address for mailing)</b>
<b>Norman Official</b>	<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 _____	

### 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  
Robert M. Bird Health Sciences Library  
1105 N. Stonewall  
LIB 121  
Oklahoma City, OK 73117-1221

Telephone (405) 271-2359  
FAX (405) 271-2480

## 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:**