



THE UNIVERSITY OF OKLAHOMA- TULSA

Request for Transcript

PLEASE PRINT: Use a separate form for each address where transcripts are to be sent.

Name: _____ Date: _____
Last, First, Middle

Address: _____ Birthdate: _____

Phone: _____

Signature: _____ ID #: _____

Last semester/year attended at OU: Fall ____ Spring ____ Summer ____

Please send __ copies of my transcript to: _____

____ Official and Sealed _____

____ Unofficial _____

*** Transcripts cannot be emailed** _____

Special instructions:
____ Hold transcript(s) until current semester grades are posted
____ Hold transcript(s) until degree is posted

Transcripts will be sent out within five (5) working days except during rush periods.

No transcript will be furnished for any person whose financial account with the University is not clear.