

Transcript Request Form



Oklahoma Panhandle State University
Office of Registrar - Director of Admissions
P.O. Box 430 - Goodwell, OK 73939
Phone: 580-349-1376 • Fax: 580-349-1371

Full Name (*printed*): _____ Date requested: _____

Include *all possible* last names used: _____ Date of birth: _____

Student ID or SS#: _____ Phone #: _____

Current mailing address: _____

Email: _____

Are you currently enrolled at OPSU? YES NO Last date attended: _____

Are you a graduate of OPSU? YES NO Year of graduation: _____

Number of transcripts needed: _____

(There is no charge for transcripts.)

OFFICIAL (mailed) **UNOFFICIAL** (faxed) **SELF-PICKUP**

Fax # for unofficial transcripts: _____ Attn: _____

Name & address where transcript is to be sent:

Name: _____

Name: _____

Address: _____

Address: _____

Check if you want your ***official transcripts*** in individually sealed envelopes.

To Be Sent: NOW END OF CURRENT SEMESTER AFTER DEGREE IS POSTED

ALL TRANSCRIPTS ARE NOT ISSUED UNTIL ALL ACCOUNTS WITH THE UNIVERSITY ARE PAID.

X **Signature (REQUIRED):** _____

<i>Office Use Only</i> <input type="checkbox"/> Holds: _____
Clearance Signature _____
<input type="checkbox"/> Holds Letter Sent, Date: _____
<input type="checkbox"/> Processed Transcript Initials: _____ Date: _____