

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

Please allow 24-48 hours for processing

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. Limit of 10 per day.)

[] OFFICIAL (mailed) [] UNOFFICIAL (faxed) [] SELF-PICKUP

Fax # for unofficial transcripts: _____ Attn: _____

Name & address where transcript is to be sent:

Name: _____ Name: _____

Address: _____ Address: _____

To Be Sent: [] NOW [] AFTER GRADES POSTED [] AFTER DEGREE IS POSTED

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

X Signature (REQUIRED): _____

Office Use Only [] Holds: _____
Clearance Signature: _____
[] Holds, Letter Sent, Date: _____
[] Processed Transcript Initials: _____ Date: _____