

Transcript Request Form



Oklahoma Panhandle State University
Office of Registrar - Director of Admissions
P.O. Box 430 – Goodwell, OK 73939
Phone: 580-349-1374 ● Fax: 580-349-1371
Email: opsu.admissions@opsu.edu
Please allow 2448 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 Hold: _____

Clearance Signature: _____

Holds, Letter Sent, Date: _____

Processed Transcript Initials: _____ Date: _____