

STUDENT ID _____

Transcript Request Form



Oklahoma Panhandle State University
Office of the Registrar
P.O. Box 430 - Goodwell, OK 73939
Phone: 580-349-1373 Fax: 580-349-1371

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

Include *all possible* last names used: _____

DOB: _____ Student ID or last 4 SSN: _____ Phone #: _____

Current mailing address: _____

Email: _____

Are you currently enrolled at OPSU? [] YES [] NO Last year attended: _____

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

Number of transcripts needed: _____ (*Limit 10. There is no charge for transcripts.*)

[] **OFFICIAL** (mailed) [] **UNOFFICIAL** (faxed or self-pickup) [] **SELF-PICKUP**

WE DO NOT EMAIL TRANSCRIPTS

If you would like an electronic copy of your transcript, please order through our Parchment link on our school website: <https://www.opsu.edu/Offices/Admissions/Transcript-Request/>

Fax # for **unofficial** transcripts: _____ Attn: _____

Name & address where **official** transcript is to be sent:

Name: _____

Address: _____

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

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

Signature (REQUIRED): _____

<p><i>Office Use Only</i> [] Holds: _____</p> <p>Clearance Signature _____</p> <p>[] Holds, Student Notified by Email _____ Phone _____ Date: _____</p> <p>[] Processed Transcript Initials: _____ Date: _____</p>
