

OAKLAND CITY UNIVERSITY
OFFICE OF ACADEMIC AFFAIRS

OFFICE USE ONLY
DATE SENT _____
PAID _____
BILLED _____
RECORDED _____

TRANSCRIPT REQUEST FORM

Confidential - Not to be released without student's written consent in accordance with the Family Education Rights and Privacy Act of 1974. Students must clear ALL delinquent accounts with the Business Office before requesting transcripts. Financial Aid Exit Interviews must be completed before transcripts can be released.

Official transcripts \$8 mailed Unofficial transcript \$3 mailed Transcript faxed \$10 - is not official unless receiver accepts faxed transcript as official.

Name (Print First, Middle, Last) _____

Maiden Name or Name while attending _____

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

What years did you attend OCU: _____ Phone/cell # _____

Billing Address: _____ ___ CURRENT ADDRESS?

City _____

State _____ Zip _____

I would like the transcript to be: _____ number of copy/copies mailed to address below

Unofficial

Official

Faxed

_____ number of copy/copies released to me at address above

please send in individual envelopes marked
"official transcript"(for multiple orders)

HOLD UNTIL ALL GRADES ARE IN OR DEGREE IS POSTED

Please mail to: School/person _____ Fax to: Person or Dept _____

Attn: _____

Address: _____ Fax # _____

City: _____ State _____ Zip _____

Student's Signature _____ Date _____

must be signed by student

Request form can be emailed, faxed or mailed:

bburns@oak.edu Fax: 812-749-1511 or Oakland City University
Registrar
138 N Lucretia St
Oakland City, IN 47660

bb 1/12/12

Office use only

rec'd by _____

Paid _____

Amount _____

Cash _____

Check _____