



TRANSCRIPT REQUEST FORM

OCCC Student ID Number _____

Student's Name (Last, First, Middle) _____

Other last name used _____ Date of Birth _____ Date last attended _____
(Semester/Year - optional)

Current address of student _____
(House/Bldg #, Street, Apartment #)

(City, State, Zip Code) _____ (County) _____

Contact telephone number(s) _____
(Indicate Home or Cell)

☐ Check here to verify the above address should be used to update your account

For Office Use Only → Date Address Corrected _____ Initials _____

Number of copies requested _____
(Maximum of five per request)

NOTE: Transcript will be sent within five (5) working days of receipt of request, except during rush periods. No transcript will be furnished for any person whose financial account with Oklahoma City Community College is not clear. **Any request to fax transcripts long distance will accrue a \$5.00 fee.**

PLEASE READ ALL CATEGORIES AND CHECK ONLY ONE:

- ☐ Send immediately.
- ☐ Hold until current semester grades posted (*complete date last attended above*)
- ☐ Hold until degree is posted

☐ Check here if you require each transcript in a separate, sealed and stamped envelope.

SEND THIS OKLAHOMA CITY COMMUNITY COLLEGE TRANSCRIPT TO:

(Requester is responsible for complete address.)

Office _____

Institution/Person _____

Street/Box _____

City _____ State _____ Zip _____

Signature of Student _____ Date _____

FOR OFFICE USE ONLY

Record clear? Yes ☐ No ☐ (Reason) _____

Request received by _____ Date transcript mailed/faxed _____

MAIL/FAX REQUEST TO, OR FOR MORE INFORMATION OR TO MAKE COMMENTS:

Transcripts
Records and Graduation Services
Oklahoma City Community College
7777 S May Avenue
Oklahoma City OK 73159
(405) 682-7512
Fax (405) 682-7521