

OAKLAND CITY UNIVERSITY
ACADEMIC AFFAIRS/REGISTRAR
138 N LUCRETIA ST.
OAKLAND CITY, IN 47660
812-749-1238 OR 812-749-1237

office use only: sent _____
posted by: _____

TRANSCRIPT REQUEST FORM

PAYMENT OF FEE MUST ACCOMPANY THE REQUEST

OFFICIAL TRANSCRIPT - \$10
UNOFFICIAL TRANSCRIPT - \$3
FAXED TRANSCRIPT - \$10

(FAXED TRANSCRIPTS ARE NOT OFFICIAL UNLESS RECEIVER WILL ACCEPT IT AS OFFICIAL)

Confidential – Not to be released without student's signature in accordance with the Family Education Rights and Privacy Act of 1974.
Student must clear ALL delinquent accounts with the Business Office. Financial Aid Exit Interviews must be completed prior to the release of the transcript.

PRINT NAME (FIRST, MIDDLE, LAST) _____

MAIDEN NAME OR NAME WHILE ATTENDING _____

SOCIAL SECURITY NUMBER ____ - ____ - ____

DATE OF BIRTH ____/____/____

I WOULD LIKE THE TRANSCRIPT TO BE:

ATTENDED PRIOR TO 1985: YES NO

UNOFFICIAL _____

OFFICIAL _____

FAXED _____

PHONE/CELL # _____

IN CASE THERE IS A QUESTION

_____ HOLD UNTIL ALL GRADES ARE IN _____ HOLD UNTIL DEGREE IS POSTED

MAIL TO ME AT: STREET ADDRESS _____

CITY/STATE/ZIP _____

MAIL TO: SCHOOL OR OTHER: (PRINT) _____

ATTENTION TO: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

FAX TO: NAME OF PERSON OR DEPARTMENT (PRINT) _____

FAX NUMBER: _____

STUDENT SIGNATURE _____

MUST BE SIGNED BY STUDENT