



Official Transcript Request Form

Office of Admissions
Route One Box 1000
Warner, Oklahoma 74469
FAX: 918.463.6227

Telephone: 918.463.2931

All **official** transcripts are issued through the Office of the Registrar on the Warner Campus of Connors State College. *Unofficial* transcripts are available on our website through our student SIS system. Former students must present a valid picture ID for identification if picking up a transcript in person; current students must provide their CSC student ID card. No one else is eligible to pick up a student transcript unless this office has received the request in writing, with the person's name picking up the transcript, date and student's signature. In keeping in compliance with FERPA, **Connors State College does not fax official or unofficial transcripts. If there is a hold on the account and/or unpaid balance, the request will not be processed until the account hold is satisfied.**

LDA: _____

Complete all information below. Please print legibly in ink.

Name _____
LAST NAME FIRST MIDDLE MAIDEN OR OTHER

Permanent Address _____
STREET CITY STATE ZIP CODE

Contact Telephone: () _____ E-mail address _____

Social Security or Connors State College issued student identification number. _____

Date of Birth: _____ Are you currently enrolled at CSC? Yes No
MONTH/DAY/YEAR

If yes, will you be graduating this semester? Yes No

If no, please indicate the last semester and year you attended Connors State College. _____
SEMESTER/YEAR

Number of transcripts requested. _____ If requesting copies to be sent directly to you, how many need to be in individually sealed envelopes? _____

An address must be provided for each transcript requested. Please attach additional paper if necessary for additional addresses.

Will pick up. Send now. Send after semester grades are posted.

Send after my **graduation date** is posted on transcript. Fall Spring Summer Mini Session 20_____

Please send transcript to: Self Address listed below

Name: _____
(Name of Recipient/Company/College or University)

If College/University, name of department: _____

Street Address City State Zip Code

Student's Signature **(Required)** _____ Date: _____

REGISTRAR'S OFFICE USE Processed by: _____ Date: _____