



Transcript Request Form

Date: _____ Student ID Number OR SSN: _____
First Name: _____ Dates of Attendance: _____
Last Name: _____ Date of Birth: _____
Other Names: _____ Daytime Phone: _____
E-mail Address: _____ Home Address: _____
Campus Box: _____

***** HANDLING *****

PICK UP:
Date: _____ Time: _____

MAIL TO:
Name _____
Address _____

City, State, Zip _____

***** SPECIAL REQUESTS *****

SEND AFTER POSTING GRADES
 SEND AFTER POSTING DEGREE
 SEAL AND SIGN ENVELOPE
 FAX UNOFFICIAL:
ATTN: _____
NUMBER: _____
 OTHER: _____
 EMAIL UNOFFICIAL:

REQUIRED

Student Signature: _____ Number of Copies to be Sent: _____

- To REQUEST a transcript you may:
 - Deliver this request in person to the Oklahoma Baptist University Academic Center
 - Mail it to: OBU Academic Center, OBU Box 61173, 500 West University, Shawnee, OK 74804
 - FAX it to: (405) 585-5105
 - EMAIL signed request: tonya.lane@okbu.edu
- Transcripts will be held until ALL financial obligations to the University have been met and exit interviews completed.
- Please allow at least 1 full working day in addition to normal postal mail service. Allow 3 to 5 days for the requests made during enrollment or grade posting periods.

QUESTIONS: PLEASE CALL (405) 585-5100 or (405) 585-5103