

Official Transcript Request

Student Information (Required)

Current Name: _____ Previous Names: _____

CWID: T _____ or SSN# _____ - _____ - _____ DOB: _____ - _____ - _____

Phone: (____) _____ - _____

Student Mailing Address: _____

_____ Apt # _____ City _____ State _____ Zip _____

<i>Check one from each column:</i>	
<input type="checkbox"/>	<i>I am currently enrolled in classes at TCC.</i>
<input type="checkbox"/>	<i>I am NOT enrolled in classes at TCC.</i>

<i>Check one from each column:</i>	
<input type="checkbox"/>	<i>Hold for the end of semester grades.</i>
<input type="checkbox"/>	<i>Hold for Degree Notation</i>
<input type="checkbox"/>	<i>Send transcript immediately.</i>

Check only one per request:

_____ Please mail _____ copies of my transcript to my mailing address.

_____ Please mail _____ copies of my transcript to the name and address below:

Mail To: _____

_____ City _____ State _____ Zip _____

Third Party Authorization: (Good for one use only!)

Please allow (name of party) _____ to pick up _____ sealed copies of my transcript.

Note: Third party must provide Enrollment Services with Photo I.D. to the campus the request is submitted.

⇒ **Student Signature:** _____ **Date:** _____

Return this form in person to any campus Enrollment Services Office.

When returning by fax or if mailed to any campus Enrollment Service Office:
Include legible copy of a valid Driver's license or Student ID.

Fax Numbers: Metro 918.595.7347 * Northeast 918.595.7594 * Southeast 918.595.7748 * West 918.595.8130

OFFICE: Holds: Y or N Type: _____ Trans. Seq. # _____ Processed by: _____ Date: _____

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Transcript Instructions:

TRANSCRIPT REQUEST INFORMATION

1. There is no charge for TCC transcripts.
2. Transcripts may be received in person, mailed to the student's address or mailed to a third party.
3. A third party may not request or receive a student's transcript without written permission from the student.
4. TCC will not fax or email any transcripts (official or unofficial).

INSTRUCTIONS FOR COMPLETING TRANSCRIPT REQUEST FORM

1. Complete one Transcript Request form for each transcript to be mailed.
2. Provide **all** information requested on the Transcript Request form.
3. The U.S. Postal Service requires a complete address for delivery.

Complete mailing address in detail containing the following information:

1. Name of person or office
 2. Name of college or company
 3. Street Address, City, State and Zip Code
4. Transcript requests must be signed and dated by the student.