



Official Transcript Request

Student ID or SSN:

Grid of 10 boxes for Student ID or SSN.

Printed Full Name: \_\_\_\_\_

Maiden or Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day-time Phone: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_  Current Student

Campus Attended:  Durant  Ardmore  Idabel  McAlester  TinkerAFB  \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ (limit 3 per request)

Pick Up, Date: \_\_\_\_\_ By:  Self  Other: \_\_\_\_\_

Mail To: \_\_\_\_\_

If this is your Home address, may we share it with our Alumni Office?  Yes  No

To Be Sent:  Now  End of Semester  After Degree  After Grade Change

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To request an official Southeastern transcript, complete this form and submit with a copy of an ID with signature. Transcripts are released in accordance with FERPA (Privacy Act) guidelines. Transcript requests may be faxed or mailed.

Fax Number: 580-745-7472

Mailing Address: Southeastern Oklahoma State University
Attn: Transcript Request
1405 N. 4th, PMB 4139
Durant, OK 74701-0609

Don't forget to send a copy of an ID with a signature.

OFFICE USE ONLY

Signature Verified

Holds Clear  Holds: \_\_\_\_\_  Holds Letter Sent, Date: \_\_\_\_\_

In Transrequest: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Request Completed by Batch: \_\_\_\_\_ Date: \_\_\_\_\_