



Official Transcript Request

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: _____