



OKLAHOMA'S DEGREE COMPLETION PROGRAM

**College Transcript Request Form**  
*Submit this form to your College Registrar's Office*

**To: Registrar** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
*Name of School*

**From:**

\_\_\_\_\_  
*Last Name First Name Middle Previous name(s)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

**Birthdate:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Last Date of Attendance:** \_\_\_\_\_

**Send my official transcript(s) to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Student Date:*