



REQUEST FOR OFFICIAL TRANSCRIPT

Registrar's Office
7777 South Lewis
Tulsa, Oklahoma 74171
(phone) 918-495-6549 (fax) 918-495-6607

Allow 2 to 7 business days for processing

Name _____ Today's Date _____
(First, M.I., Last)

Prior names used at ORU : _____

ID# _____ Birth Date ____/____/____ Phone (____) _____
Mo Day Year

Permanent Address: _____
Street/Apt# City State Zip

Mailing Address: _____
Street/Apt# City State Zip

CHOOSE ONE:

- Pick up _____ transcript(s) for personal use
of copies
- Mail transcript(s) directly to address(es) below
- Fax transcript(s) directly to _____
- Scan and e-mail transcript(s) directly to _____

- SEND:** As Soon As Possible
 After Semester Grades
 After Degree is Awarded

Mail _____ transcript(s) to:
of copies

College/Organization _____
Attn: _____
Street Address _____
City/State/Zip _____

Mail _____ transcript(s) to:
of copies

College/Organization _____
Attn: _____
Street Address _____
City/State/Zip _____

FOR OFFICE USE ONLY:	
Holds: Yes____ No____	
Holds checked by: _____(Initials)	
Student informed of holds:	
Date: _____	
Informed by: _____(Initials)	
Order Date	Mail Date
_____	_____

My signature below hereby authorizes ORU to release my transcript as noted above and to update my contact information.

Signature _____

If you are a current student, please list your **ORU email:** _____