

Northern Oklahoma College Records Request

Please send an official copy of my transcript and ACT scores (if available) to:

**Northern Oklahoma College
Office of Admission and Records
Tonkawa, OK 74653**

Name _____
Last First Middle/Maiden

Name while attending, if different from name at present: none

Social Security Number: _____

Last Date of attendance: _____

Name and address of school from which records are being requested:

If there is a charge, please bill me at:

Date _____
*Student Signature **

* Student signature is required in order to process this form. Please sign before sending it by mail or fax.

MAIL TO:

Office of Admissions and Records
Northern Oklahoma College
P.O. Box 310
Tonkawa, OK 74653

FAX: (580) 628-6371