

## TRANSCRIPT REQUEST FORM

Mail request and copy of photo ID to: Northern Oklahoma College Attn: Registrar's Office PO Box 310 Tonkawa, OK 74653

Questions? CALL 580.628.6220

| SCIOIIS: GALL 300.020.0220  | Please Print                          |   |
|---|---------------------------------------|---|
| Name First  | Middle                                | Maiden                                  |
| SSN or NOC ID   |                                       |   |
|   | -                                     |   |
| Street Address/PO Box   |                                       |   |
| City  |                                       |   |
| Email   | Telephone                             |   |
| Last Name at Time of Attendance, If differe   | nt from above:                        |   |
| Are you currently enrolled at NOC? $\Box$ Yes [   | •                                     |   |
| f   |                                       |   |
| f you are requesting transcripts to be maile  | au to you, now many copies snot       | nu we senu?                             |
| When should transcript(s) be sent?  |                                       |   |
| ☐ Please send now (Usually processed  |                                       |   |
| After current semester grades are   |                                       |   |
| ☐ After current semester degrees are  | e posted (Usually processed within    | 6 weeks after final exams.]             |
| ☐ Third party pick-up   |                                       | <del></del>                             |
| ☐ Other   |                                       |   |
|   |                                       |   |
| Where and to whom the transcript(s) will b  |                                       |   |
| Name  |                                       |   |
| Street Address 1  |                                       |   |
| Street Address 2  |                                       |   |
| City  | State                                 | Zip Code                                |
| oity  | State                                 | Zip code                                |
| NOTE: If you have any financial, financial aid or taken care of. Transcripts will not be faxe |                                       | an not be released until those holds ar |
| Signature of person making request (Your request will a                                       | not be processed without a signature) | Today's Date                            |
| REQUESTS MUST BE ACCOMPANIED BY A CO<br>Tribal ID, etc.)                                      | IPY OF A PHOTO ID (Driver's Licens    | se, State-Issued ID, Student ID, Passpo |

FOR OFFICE USE ONLY
\_\_\_\_\_ Initials \_\_\_\_\_

Date

Hold \_