

Printed

TRANSCRIPT REQUEST FORM

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

Qu

Name Last	First	Middle	Maiden
SSN or NOC ID		Birth Date (mm/dd/yyyy)_	
Street Address/PO Box			
City	State	te	Zip
Email		Telephone	
Last Name at Time of Attendance	e, If different from above:		
Are you currently enrolled at NOC	C? □Yes □No. If not, w	hat was your last semest	er of enrollment?
If you are requesting transcripts	to be mailed to you, how	many copies should we se	end?
When should transcript(s) be se	nt?		
☐ Please send now (Usually	y processed within 3-5 busii	ness days.)	
☐ After current semester o	grades are posted (Usually	processed within 14 days c	ıfter final exams.)
☐ After current semester of	degrees are posted (Usual	ly processed within 6 weeks	after final exams.)
☐ Third party pick-up Nan			
	nie		
Where and to whom the transcri			
Name			
Street Address 1			
Street Address 2			
City		 State	Zip Code
NOTE: If you have any financial, fina taken care of. Transcripts wil	_	ls, your transcript can not b	e released until those holds
Signature of person making request (Yo	ur request will not be processed wi	thout a signature) Too	day's Date

FOR OFFICE USE ONLY

Hold _

Initials

Date .