



OKLAHOMA CHRISTIAN UNIVERSITY

Name: _____

Last

First

Middle

_____ last four digits of Social Security

1. Other name used on records (example: maiden) _____ Birth date _____

2. I am now enrolled at OC Yes ___ NO ___ If no, when last enrolled at OC, Year: _____

3. Special Instructions: _____ A. Hold for semester grades _____ B. Hold for degree statement

4. Phone Number: _____ Undergrad or ___ Graduate

5. Please check the correct school attended:

Oklahoma Christian University

\$2.00 fee if enrolled before fall 1996

Cascade College

\$5.00 fee 1st copy, additional \$2.00

Columbia Christian College

\$5.00 fee 1st copy, additional \$2.00

Baker College

\$5.00 fee 1st copy, additional \$2.00

Magic Valley Christian College

\$5.00 fee 1st copy, additional \$2.00

	Instructions for Mailing
Name Street City, State, Zip	
Student's name and address:	
Name Street City, State, Zip	

Number of transcript(s): _____

Date: _____

Student's

Signature: _____

Federal Law 93-390 required

For Office Use Only	C V GR UG
Fee Due *	_____
Fee Paid	_____
Business office Approval	_____
Loan office approval	_____
Transcript released	_____

Can mail signed request form to:

Office of the Registrar
Oklahoma Christian University
PO Box 11000
OKC OK 73136

Can fax signed request form to:

405.425.5208

