

Transcript Request Form

Please read carefully. Fill out completely, sign, and return to our office. Allow 2-3 business days for processing. **NOTE: Transcripts cannot be issued if requestor has an unpaid account with OWU or if student loan payments are not current.**

DATE: ____/____/____ SSN: _____ DOB: ____/____/____ Last term of attendance: _____

Last Name First Name Middle Name Former Name(s)

Street Address Degree earned (if applicable) i.e. AA, BA, BS, MBA

City State Zip Code Phone #

Reason for request (if current student): Scholarship Insurance Transferring Grad School Other

Number of transcripts being requested: _____ Email: _____

Mail NOW Mail at the end of the term after all grades and/or degree have been posted

Mail to self at address above Mail to address below Hold for pick-up Fax to: _____

To expedite delivery, include the name of the office or "to the attention of" the person receiving the transcript:

Student Signature (required) _____ / ____/____
Date

Each student is entitled to one free official transcript. After the first one issued, the following charges apply:

\$5.00 per transcript \$10.00 if transcript is sent by fax (faxed transcripts are not official transcripts)

AMOUNT DUE: _____ *Payment options: Cash Check (made out to OWU) Credit Card

AMOUNT Received: _____ Date: ____/____/____ Received by: _____

Credit card #: _____ Visa MasterCard Discover

Name on card: _____ Expiration Date: _____

Signature: _____

FOR OFFICE USE ONLY:

Registrar's Office

SCT VAX Microfilm Initials: _____ Date logged: _____

Financial Aid

Clear Not Clear FA Initials: _____ Notes: _____

Student Accounts

Clear Not Clear SA Initials: _____ Notes: _____

Registrar's Office

Date printed: _____ Initials: _____