OFFICIAL TRANSCRIPT REQUEST
EAST CENTRAL UNIVERSITY OFFICE OF ADMISSIONS & RECORDS ADA, OK 74820-6999
(Photo ID Required For Each Request Submitted)

Name ____ Date ____________________
Last First Middle Former

Address ____ SSN ____________________
Street or Box City State Zip

A written request IS REQUIRED each time you order a transcript Daytime Phone ____________________

Official Transcripts from Other Institutions Are Not Available for Redistribution.

___ Send now
___ **Will pick up transcript

___ Hold for Semester Grades
___ Hold for degree statement

****
* Number of Transcripts *
* Requested __________ *
****

_____Request in Person
_____Request by Mail
_____Request by Fax
(580) 559-5432 (fax)

MAIL TO: ____
____
____
____

Signature of Person Making Request

____

Transcripts are not issued unless all obligations to ECU are clear.
** **An "Issued To student" stamp will be placed on all official transcripts that are to be picked up.**
Note: Financial Aid does not require an official transcript.

Order Taken By _____ ID _____

CT _______ HOLDS ________

LOG IN ____ DONE ________

Rev 04/08 k:\diane\forms\trnscrpt-j.doc

- -