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

MAIL TO: ____

____

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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 _______

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