

OAKLAND UNIVERSITY

TRANSCRIPT REQUEST FORM

Academic Records * 102 O'Dowd Hall * Rochester, MI 48309

PHONE: 248-370-3457 * FAX: 248-370-2586

* THERE IS NO LONGER A CHARGE FOR TRANSCRIPTS *

* Official transcripts will not be released until all financial obligations to the university have been satisfied.

STUDENT INFORMATION:

ALL blocks in student section must be completed - PLEASE PRINT LEGIBLY - Thank You

STUDENT ID #	LAST NAME	FIRST NAME	MIDDLE NAME
YOUR COMPLETE MAILING ADDRESS - STREET, CITY, STATE & ZIP			
Do you want us to update your OU record to show this as your permanent address?			YES NO
List any other names under which you may have attended OU:			
Approximate date(s) you attended OU:		Degree Awarded:	
Level of Study: Undergraduate * Post Bach * Graduate * Doctoral * Continuing Education			
If Continuing Ed, please indicate which program -			
BIRTHDATE	DAYTIME PHONE #	STUDENT SIGNATURE & DATE	

TRANSCRIPT HANDLING INSTRUCTIONS:

of Transcripts Requested

Please mail my official transcript(s) to the recipient(s) indicated below:

I am at the OU service window before 4:30 p.m & would like ONE official copy now

I will return to pick up my transcript(s) in two working days:

Please HOLD this request until my GRADES are posted for: WINTER SUM-01 SUM-02 FALL

Please HOLD this request until my DEGREE is posted for: WINTER SUM-01 SUM-02 FALL

I am unable to print out my own transcript due to holds on my account so please provide me with an unofficial copy (picked up in 2 business days or mailed in 3-5)

MAILING INFORMATION:

List the complete mailing address(es) of where you would like your transcript(s) sent to. PLEASE PRINT LEGIBLY

RECIPIENT #1	RECIPIENT #2

FOR INTERNAL USE ONLY

Accepted By:

Holds

Input By:

Proofed & Mailed