



Official Transcript Request Form

To request a transcript one of three ways:

1. In person (fill out form and provide Photo ID).
2. Mail request and copy of photo ID to:
 Rogers State University
 Attn: Registrar's Office
 1701 W. Will Rogers Blvd.
 Claremore, OK 74017
3. Email request and copy of photo ID to:
registrar@rsu.edu

***REQUIRED**

* Date: _____

* Print name: _____

* Signature: _____
(cannot be a script font)

*Student ID# **OR** Social Security:

* Date of Birth: _____

Daytime phone #: _____

Email: _____

List all former names that appear on records:

Attended before Fall 1983:

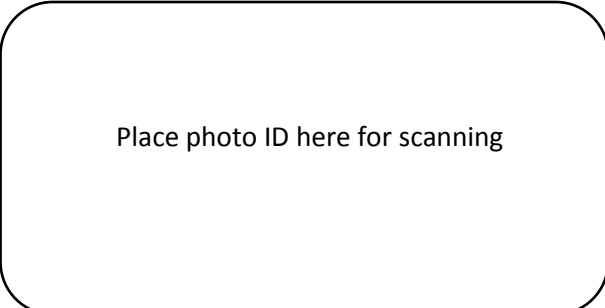
Number of transcripts requested _____

Send electronically if available _____

_____ Pick up now

_____ Mail now

_____ Mail at the end of the semester after grades have been posted.



Recipient _____

Street _____

City _____

State _____ Zip Code _____

Email _____

Recipient _____

Street _____

City _____

State _____ Zip Code _____

Email _____

Recipient _____

Street _____

City _____

State _____ Zip Code _____

Email _____

Type of Hold BU FA JD LB TR PR CV RE RJ EN

Date Completed: _____

Completed by: _____

This request must be submitted with a copy of photo ID with a signature.