Transcript Request Form

Name (First, Middle, Last): _____ Other Names used: _____

Address (Street): _____

City, State, Zip: _____

❑ *Check here if you would like the above address to be used to update your records.*

Date of Birth: _____ SS# (Last Four): _____ Telephone Number: _____

Date last Attended: _____ Program or class attended: _____

❑ *Check here if you are a current student.*

Send this SouthernTech Transcript to: *(Applicant is responsible for complete address)*

Institution/Person/Agency Name: _____

Street/Box: _____ City, State, & Zip: _____

Fax number: _____ E-mail: _____

I am requesting a:

❑ Transcript – Number of copies requested: _____

❑ Letter of Verification (verification of hours and/or enrollment) – Number of copies requested: _____

Do you require each transcript or letter in a separate, sealed, and stamped envelope? ❑ Yes ❑ No

NOTE: Transcript will be sent within five business days of receipt of request, except during rush periods.

Student Signature: _____ Date: _____

(**Authorization to Release Records)**

Electronic Signatures are not accepted

Send Request to or for Inquiries/Comments:

Anita Sandefur, Registrar
SouthernTech 2610 Sam Noble Parkway
Ardmore, OK 580.223.2070
Fax: 580.224.9441 | Email: asandefur@sotech.edu

FOR OFFICE USE ONLY

Request Received By: _____ Date Completed: _____

❑ Picked Up ❑ Mailed ❑ Faxed ❑ E-Mailed