SOUTHERN TECH | Where Education Empowers.

TRANSCRIPT / LETTER OF VERIFICATION REQUEST FORM

NOTE: Items will be sent within five business days of receipt of request, except during rush periods. *Transcripts/letters will not be faxed or emailed to protect personally identifiable information.*

I am requesting: ❑ Transcript ❑ Letter of Verification (verification of hours and/or enrollment)

Number requested: _____ ❑ I need each transcript/letter in a separate, sealed, and stamped envelope.

Name (First, Middle, Last): _____

Other Names Used: _____ ❑ Current Student ❑ Former Student

Mailing Address: _____

City, State, Zip: _____

Date of Birth: _____ SS# (Last Four Only): _____

Phone Number: _____ Email: _____

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

Send this SouthernTech Transcript / Letter of Verification to: *(Applicant is responsible for complete address)*

Institution/Person/Agency Name: _____

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

Student Signature: _____ Date: _____

❑ *Electronic Signature Agreement - By selecting this box and typing your name above, you are signing this agreement electronically. You agree that your electronic signature is the same as a handwritten signature for validity, enforceability, and admissibility.*

Requests will not be completed unless a legible copy of your photo ID is included with this form.

Send Requests to or for Inquiries/Comments:

Anita Sandefur, SouthernTech Registrar
2610 Sam Noble Parkway
Ardmore, OK 73401
580.223.2070

FOR OFFICE USE ONLY

Request Received By: _____ Date Completed: _____

❑ Picked Up ❑ Mailed