



Request For Official Transcript/Registrar Services

Oklahoma State University Institute of Technology Okmulgee

1801 East Fourth Street ◀▶ Okmulgee, Oklahoma 74447-3901

Name _____ Student ID _____ Birthdate _____

Name(s) (at time of attendance) _____

Item/Service Requested:

- | | |
|--|---|
| <input type="checkbox"/> OSUIT Transcript Number requested (10 limit) _____ | <input type="checkbox"/> Enrollment Verification |
| <input type="checkbox"/> Send after current semester grades are recorded | <input type="checkbox"/> Insurance verification (Provide forms or name/address of insurance agency) |
| <input type="checkbox"/> Hold for pick-up | <input type="checkbox"/> Deferment forms (Proper form must be attached...list lender) |
| <input type="checkbox"/> Mail to address below: | For what semester do you want the deferment? _____ |
| _____ | <input type="checkbox"/> Other/Comment _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Student Signature _____ Phone _____ Date _____