



**STUDENT RECORDS REQUEST**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_ **Contact Phone or E-Mail** \_\_\_\_\_

ID Number \_\_\_\_\_ (Leave blank if not known; do not use SS#)

**Signature of current or former student:** \_\_\_\_\_ Request Date \_\_\_\_\_  
(Written signature must accompany all requests. Typed signatures cannot be accepted.)

**NOTE: If you have any unpaid accounts with the University, transcripts will not be issued until clearance is issued by the Bursar Office – 918.594.8320**

- |   |  |
|---|--|
| <input type="checkbox"/> Official Transcript  | <input type="checkbox"/> Comlex 1 Score              |
| <input type="checkbox"/> Official Photocopy of Diploma  | <input type="checkbox"/> Comlex 2 CE Score           |
| <input type="checkbox"/> Proof of Enrollment  | <input type="checkbox"/> Comlex 2 PE Score           |
| <input type="checkbox"/> Add academic standing  | <input type="checkbox"/> Dean’s Letter/ MSPE         |
| <input type="checkbox"/> Add enrollment history   | <input type="checkbox"/> Certification of Graduation |
| <input type="checkbox"/> Add class schedule   |  |
| <input type="checkbox"/> Add class rank & GPA (MS III & MS IV only, unless being sent to a 3 <sup>rd</sup> party) |  |

**Please note: CHS is working with Parchment to offer official transcripts via PDF. The Registrar’s Office will no longer fax or e-mail transcripts once the PDF option is in place.**

*\*\*\*3<sup>rd</sup> & 4<sup>th</sup> year students on rotations should see Clinical Education for letters of good standing and elective rotation approval forms to be completed by the Dean. Vaccination records are housed at the Clinic, 918-582-1980. OSU-COM does not receive copies of USMLE scores. Please provide us with a copy if you would like USMLE scores sent with requested paperwork.*

**Delivery Method:**

Mail to Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail To: \_\_\_\_\_

Fax to: Name of Institution \_\_\_\_\_

Attention \_\_\_\_\_ Fax Number \_\_\_\_\_

I will Pick Up

**PLEASE ALLOW 1-2 BUSINESS DAYS FOR ALL RECORD REQUESTS**

**(For Office Use Only)**

Date Documents Mailed/Faxed/Picked up \_\_\_\_\_ By \_\_\_\_\_