



D.O.PROGRAM RECORDS REQUEST

Email: CHSregistrar@okstate.edu Phone: (918) 561-8469 Fax: (918) 561-8243

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#)

Student's Signature Making Request: _____ Request Date _____
(Written signature must accompany all requests. **Typed and digital 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 (*cannot be e-mailed or faxed) | <input type="checkbox"/> Comlex 1 Score |
| <input type="checkbox"/> Proof of Enrollment | <input type="checkbox"/> Comlex 2 CE Score |
| <input type="checkbox"/> Add academic standing | <input type="checkbox"/> Comlex 2 PE Score |
| <input type="checkbox"/> Add class schedule (Current semester only) | <input type="checkbox"/> Dean's Letter/ MSPE |
| <input type="checkbox"/> Add class rank & GPA (MS III & MS IV only, unless being sent to a 3 rd party) | <input type="checkbox"/> Official photocopy of diploma |
| | <input type="checkbox"/> Certification of Graduation |

Please Note:

***OSU-COM does not fax or e-mail transcripts. For an electronic copy, please visit the records request page to order a .PDF transcript from Parchment. Expedited mailed transcripts are also available via Parchment. <https://www.parchment.com/u/registration/33133292/account>**

****3rd & 4th 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. The Registrar's Office does not keep copies of student background checks.**

Delivery Method:

Mail To:

Address:

City: _____

State: _____ Zip code: _____

Please attach the records above to my Parchment .PDF transcript request. (Please confirm receipt of this request with the Registrar's Office before placing your Parchment order)

E-Mail to: _____ (***Transcripts cannot be e-mailed**)

Fax:

Fax Number: _____ (***Transcripts cannot be faxed**)

Attention: _____

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** _____