TRANSCRIPT REQUEST FORM

Note: there is no charge for transcripts; however, official transcripts will not be released until all financial obligations to the university have been met.

STUDENT INFORMATION
Golden Grizzly Number ___________________________ or last four digits of Social Security Number __________________

Last name* ____________________________ Previous last name(s) __________________
First name ___________________________________________ Middle initial __________________

Street address* ____________________________ City* ____________________________ State* ___ ZIP* __________

Would you like us to use this as your permanent address on OU record?* ____ Yes ____ No

Daytime phone* ____________________________ Date of birth* __________________

To receive email confirmation, please provide an email address (to be added to your OU record) ____________________________

Approximate dates of attendance ____________________________ Degree awarded __________________

Level of study ___ Undergraduate ___ Post-baccalaureate ___ Graduate ___ Doctoral ___ Continuing Education (list program) ______

______________________________    ______________________________
Signature* ____________________________ Date*

Electronic signatures will not be accepted.

TRANSCRIPT INSTRUCTIONS
Please mail my official transcript to the recipient(s) indicated below

Number of transcripts requested ____________________________

Please send my transcript now ____________________________

I am at the Registrar Service window and will pick up today ____________________________

Please send me an unofficial copy of my transcript (select this option if you have holds on your account) ____________________________

Please HOLD this request until my grades are posted for ___ Winter ___ Summer I ___ Summer II ___ Fall ____________________________

Please HOLD this request until my degree is awarded in ___ Winter ___ Summer I ___ Summer II ___ Fall ____________________________

MAILING INFORMATION
Please list the name of recipient and complete address where you would like your transcripts sent.

Accuracy of this information is your responsibility.

Recipient 1: To* ____________________________________________

Street address* ____________________________________________

City* ____________________________________________

State* _________ ZIP* _________

Recipient 2: To* ____________________________________________

Street address* ____________________________________________

City* ____________________________________________

State* _________ ZIP* _________

* required information

Please mail this completed form to:

Oakland University
Office of the Registrar
100 O'Dowd Hall
2200 North Squirrel Road
Rochester, MI 48309-4401

Fax to: (248) 370-3890
Email to: trnscrip@oakland.edu
Questions? Call (248) 370-3450

FOR INTERNAL USE ONLY
Accepted by ____________________________
Picked up by student ____________________________
Holds ____________________________
Input by ____________________________
Proofed and mailed ____________________________
Print # ____________________________