



**Official Transcript Request Form**

Office of Admissions  
Route One Box 1000  
Warner, Oklahoma 74469  
FAX: 918.463.6227

Telephone: 918.463.2931

All **official** transcripts are issued through the Office of the Registrar on the Warner Campus of Connors State College. *Unofficial* transcripts are available on our website through our student SIS system. Former students must present a valid picture ID for identification if picking up a transcript in person; current students must provide their CSC student ID card. No one else is eligible to pick up a student transcript unless this office has received the request in writing, with the person's name picking up the transcript, date and student's signature. In keeping in compliance with FERPA, **Connors State College does not fax official or unofficial transcripts. If there is a hold on the account and/or unpaid balance, the request will not be processed until the account hold is satisfied.**

LDA: \_\_\_\_\_

**Complete all information below. Please print legibly in ink.**

Name \_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN OR OTHER

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Contact Telephone: ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Social Security or Connors State College issued student identification number. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you currently enrolled at CSC?  Yes  No  
MONTH/DAY/YEAR

If yes, will you be graduating this semester?  Yes  No

If no, please indicate the last semester and year you attended Connors State College. \_\_\_\_\_  
SEMESTER/YEAR

Number of transcripts requested. \_\_\_\_\_ If requesting copies to be sent directly to you, how many need to be in individually sealed envelopes? \_\_\_\_\_

**An address must be provided for each transcript requested. Please attach additional paper if necessary for additional addresses.**

Will pick up.  Send now.  Send after semester grades are posted.

Send after my **graduation date** is posted on transcript.  Fall  Spring  Summer  Mini Session 20\_\_\_\_\_

Please send transcript to:  Self  Address listed below

Name: \_\_\_\_\_  
(Name of Recipient/Company/College or University)

If College/University, name of department: \_\_\_\_\_

Street Address City State Zip Code

Student's Signature (**Required**) \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRAR'S OFFICE USE Processed by: \_\_\_\_\_ Date: \_\_\_\_\_