REQUEST FOR ACADEMIC TRANSCRIPT

Office of the Registrar - Odessa College

201 W. University, Odessa, TX 79764

Name: _____

Address: _____

_____

_____

E-mail: _____

Soc. Sec. No.: _____

Semester Last Enrolled: _____

Did you attend before 1979?

_____ Yes _____ No

Maiden or other names under which you attended: _____

_____

Please send __ copies of my transcript to:

_____
College/University/Organization

_____
Attn: (Individual or Department)

_____
Street or PO Box

_____
City State

_____
Country Zip

Please check the appropriate blank:

1. I am __ currently enrolled; __ not currently enrolled.
2. ____ Please hold this request for posting of current semester grades.
3. ____ Do not mail this transcript – I will pick it up in person on (date) _____
4. ____ Please hold this request until my degree has been posted.

Student's Signature: _____ Date: _____