

APPLICATION FOR TRANSCRIPT REQUEST

1. ANY & ALL NAMES USED WHILE ATTENDING SCHOOL.

2. DATE OF BIRTH: _____ SSN: _____

3. NAME OF SCHOOL ATTENDED: _____

4. DATE LAST ATTENDED OR GRADUATED: _____

5. TELEPHONE NUMBER: _____

ADDRESS WHERE TRANSCRIPTS SHOULD BE SENT:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

APPLICANT'S SIGNATURE

OFFICIAL TRANSCRIPTS

Official/certified copies of transcripts may be obtained by furnishing the above information and using one of the following procedures:

1. A \$10.00 CHECK OR MONEY ORDER MADE PAYABLE TO: NATIONAL ARCHIVES TRUST FUND AND MAILED TO THE FOLLOWING ADDRESS.

NATIONAL ARCHIVES – SW REGION

ATTN: ARCHIVES

P.O. BOX 6216

501 FELIX STREET

FT. WORTH, TX 76115 (Telephone Number: 817-334-5525)

2. PAY BY CREDIT CARD – FAX ABOVE INFORMATION TO 817-334-5621. IF YOU DO NOT WISH TO WRITE YOUR CREDIT CARD NUMBER, THEY WILL CALL YOU FOR THE CREDIT CARD NUMBER: _____

FOR UNOFFICIAL COPIES RETURN THIS FORM TO:

OKLAHOMA AREA EDUCATION OFFICE

200 N. W. 4TH STREET, SUITE 4049

OKLAHOMA CITY, OK 73102

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