

**EASTERN OKLAHOMA STATE COLLEGE
TRANSCRIPT REQUEST FORM**

Transcripts are not issued unless ALL debts have been paid.
Please allow at least **one week** for your request to be processed.

PLEASE PRINT

Last 4 digits of SSN: _____ Email Address: _____

FullName: _____ Phone: _____
(First/Middle/Last)

All other names in which your records may appear _____

Current Address:

Approximate Dates of Attendance _____ to _____

Number of transcripts requested _____

Please indicate if transcript(s) need to be in a sealed envelope(s) _____

Transcripts to be mailed to:

Your Signature: _____ Date: _____

Print this request form and **mail** or **fax** to:

**Eastern Oklahoma State College
Registrar's Office
1301 West Main
Wilburton, OK 74578
Fax: 918-465-4491**

Please direct questions to:

Yein Flener
Phone: 918-465-1813
Fax: 918-465-4491
Email: yflener@eosc.edu