



TRANSCRIPT REQUEST FORM

**ROGERS STATE UNIVERSITY
OFFICE OF THE REGISTRAR
CLAREMORE, OKLAHOMA 74017**

This request *must* be submitted with a copy of some form of ID with signature.

Date: _____

Print name: _____

Signature: _____

Social Security #: _____

Date of Birth: _____

Last term attended RSU: _____

Daytime phone #: _____

List **all** former names that appear on any
academic records: _____

Your complete mailing address:

Number of transcripts requested: _____

_____ Mail transcript now

_____ Mail transcript at the end of the
semester, after grades have been posted

**We must have a copy of your ID to
process this request. Please attach it to
this form.**

Examples: Driver's License, Student ID

If you have any questions feel free to call us
at: **(918) 343-7799**

List all persons and institutions to which
your official transcript should be mailed.

Include full name and complete mailing
address. *PLEASE PRINT LEGIBLY.*

1) _____

2) _____

3) _____

You may request a transcript in one of three
ways:

1. In person (fill out form and provide
Picture ID)
2. Mail request to:
**Rogers State University
Attn: Registrar's Office
1701 W. Will Rogers Blvd.
Claremore, OK 74017**
3. Fax request to:
(918) 343-7595

**At this time we are unable to process
E-mail requests.**