

**ACCS RECORDS TRUST**  
**P.O. Box 7208 ♦ Moore, OK 73153**  
**Request for Transcript**

Print and complete the form below. The form must have signature to be processed. Mail to:

ACCS RECORDS TRUST  
Attn.: Trustee  
P O Box 7208  
Moore, OK 73153  
or by FAX: 405-912-9050

=== Office Use Only ===

Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Payment Method \_\_\_\_\_ Amount Due \_\_\_\_\_  
Special Instructions \_\_\_\_\_

Name \_\_\_\_\_  
Maiden Name or Other Name Used \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_

**Send transcript to:**

Send additional request if you need transcript sent to an additional location.

Identify the office or person to whom this transcript is being sent. You are responsible to provide the correct mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: The Trustee processes the transcripts as a courtesy for the former students of ACCS.**

Please allow 30 days for Transcripts to be processed. There is a fee of **\$10.00** for each copy.

Payment options: check, money order, or credit card (Visa or MasterCard).

If using credit card, please provide the following information.

\_\_\_ Visa \_\_\_ MasterCard    Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_    Name on Card \_\_\_\_\_  
Billing Address on Card \_\_\_\_\_

**Signature Required For Transcript Request To Be Processed**

**Legal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_