

Transcript Request Form



Student records are confidential and transcripts are issued only at the request of the student. All indebtedness to the University must be satisfied prior to the issuance of a transcript.

Phone: 918-631-2254
www.utulsa.edu/registrar

Date: _____
Current Name: _____
Current Address: _____
City and State: _____
Zip/Postal Code: _____
TU ID: _____

OR Last 3 digits of SSN: _____
Date of Birth (month/day only): _____ Last Year of Enrollment at TU: _____
Previous Names (if any): _____

Number of Copies (Maximum 10 per day): _____

Reason for Transcript (Check any that apply):

- Transfer Grad School Employment Other

Transcript Instructions (Check any that apply):

- Mail to me (will be mailed to current address) I will pick up (allow 2 business days for processing)

I authorize the following person to pick up my transcript: _____

HOLD for semester grades HOLD for degree

Mail to the following address:

Comments:

Scan and email request to:
transcripts@utulsa.edu

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Mail request to:  
University of Tulsa  
Attn: Office of the Registrar  
800 S Tucker Dr  
Tulsa, OK 74104-9700

\_\_\_\_\_  
Signature (A request **will not** be processed without your signature)