

**REQUEST FOR TRANSCRIPT  
ACCS Records Trust**

***PLEASE PRINT***

STUDENT'S NAME

\_\_\_\_\_

Last                      First                      Middle

Maiden

SOCIAL SECURITY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SEND TRANSCRIPT TO: Print plainly in space below, name and address of individual or institution you wish to receive a transcript. Fill out additional request if a second copy is to be sent to another person.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NOTE: Return this form to:

ACCS Records Trust  
P.O. Box 6217  
Moore, OK 73153  
405-912-9122

FIRST ENROLLED      LAST ENROLLED

Sem.      Year                      Sem.      Year

Requests must be accompanied by a check or money order, in the amount of \$10.00 per transcript, payable to the "ACCS Records Trust".

***Please allow 30 working days  
for processing.***

\_\_\_\_\_  
**Signature of Student**

Date \_\_\_\_\_

\_\_\_\_\_  
**(Business Office Approval)**

Fee Receipt Number \_\_\_\_\_

By \_\_\_\_\_