

## **Transcript Request**

Please print student name and address

Name:			Number of Copies:	
Last	First	M.I.	Last Attended Year:	
Former Name(s):			Delivery Options:	
Date of Birth:				Standard Mail* (Transcript for Life only)
Address:				Fax (Unofficial copy)
City, State, Zip:			All other transcripts must be requested through Parchment	
Phone:			*If you previously paid the Transcript for Life fee you can utilize your free transcripts by submitting	
Student ID or last 4 of SSN:			this form and it will be processed via Standard Mail or Pickup.	
Send to: (Print name	e and address or fax nu	mber)	Send Trans	script:
				After current term grades
				After recording of degree
			Send trans	cript request form to:
I authorize Oregon Institute of Technology to release a			Registrar's Office 3201 Campus Dr	
copy of my transcript to the above.				
S:			Klamath Falls, OR 97601 Fax: 541.885.1274	
Signature:			Phone: 541.885.1300	
Date:			registrar@oit.edu	

For Office Use Only

Process Date \_\_\_\_\_

Initials \_\_\_\_\_

Holds:

## POLICY GOVERNING ISSUE OF TRANSCRIPTS

- 1. Please allow 2 business days for processing.
- 2. Only Oregon Tech transcripts will be issued. Copies of high school records, or other college transcripts are not included. Please order other transcripts from the original institution.
- 3. Please call the Registrar's Office for an overnight transcript at (541) 885.1300. Request and payment of \$35 must be received by 11am in order for the transcript to be sent the same day. We cannot overnight transcripts to a P.O. Box. Payment must be made through CASHNet at <a href="https://www.oit.edu/cashiers">www.oit.edu/cashiers</a>.