



## OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 3-5 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time.

**All transcripts are free of charge.**

Name: \_\_\_\_\_ Student ID# or last 4# of \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous name(s) used while attending Tulsa Hope Academy**

*Request for name changes must accompany a copy of official name change documentation; i.e. Driver's License, Marriage/Divorce Certificate, or Social Security Card.*

Attendance time period: (circle one)      Before 2010      After 2010      Both

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Required to release transcript**

**Transcript Action:**     Process transcript now

Hold processing for final posting of current semester grades

Hold processing until degree is awarded

**Number of transcripts requested:** \_\_\_\_\_

**Transcript Delivery Method:**     Student Pickup\* (Date you would like to pick up): \_\_\_\_\_

(You must show a picture ID in order to receive transcripts)

(Transcripts will be mailed to the address on file if not picked-up)

Mail (to address listed below)

Mail to student at the address listed above

**MAIL TRANSCRIPT TO:** Name/Institution: \_\_\_\_\_

Attn: \_\_\_\_\_

Street (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please provide additional addresses on a separate sheet of paper**

**\*\* MAIL** this request to:

Tulsa Hope Academy,  
Registrar's Office  
1339 E 55th St  
Tulsa, OK 74105

Or **E-MAIL** your request to: [registrar@tulsaohope.org](mailto:registrar@tulsaohope.org)

Or **FAX** your request to (888)-618-0542.