

### *Student Activities Transcript Request*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Number of copies needed:(limit of 10 copies) \_\_\_\_\_ Date needed: \_\_\_\_\_

Method of Delivery: (allow 2 weeks)

\_\_\_\_\_ Will pick up in the Student Life Office

\_\_\_\_\_ Mail directly to above address

The Student Life Office will keep a copy of this request and a copy of your student activities transcript on file in the Student Life Office for a period of 90 days.

Academic Year	Organization Name	Type of Organization	Position Title	Skills/ Participation	Advisor's Signature

Return this request in person/or by mail to:

The Student Life Office  
OSU-Okmulgee  
1801 East 4th Street  
Okmulgee, OK 74447

Office Use Only:

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Picked up/mailed: \_\_\_\_\_

<http://www.osu-okmulgee.edu>