BACONE COLLEGE
TRANSCRIPT RELEASE REQUEST

Note: Official transcripts are generally processed within 72 hours (higher demand periods may extend this time). A transcript will not be released until all obligations to the College have been satisfied.

Scholarship transcripts are available for current students and are generally processed within 48 hours (higher demand periods may extend this time). Scholarship transcripts are issued regardless of balance with the following notation: *"This transcript is to be used solely for scholarship review purposes"*. **Scholarship transcripts will be sent directly to the scholarship agency, and are not available for pick up. Requests may be faxed to Attn: Registrar's Office at 918-781-7416.**

Student's Name: _____ Social Security No. _____- _____ - _____

Current Address: _____ Student ID# _____

Current City/State/Zip _____ Phone Number: _____

Dates Attended Bacone College _____ Other Names Used _____

The documents are to be released to: Number of copies requested: _____

_____ Student requests to personally pickup – photo ID required (not available for scholarship transcripts).

_____ Send to: Name: _____
Street Address: _____
Box/Apt.# _____
City/State/Zip: _____
_____ _____
(Student must provide complete mailing address above.)

_____ Other person or organization: Name:_____
Address:_____
Box/Apt.# __ _____
City/State/Zip _____
(Student must provide complete mailing address above.)

_____ Send transcript now.
_____ Send transcript after the current semester grades have been posted.
_____ Send transcript after degree & graduation date has been posted.

_____ _____
SIGNATURE OF STUDENT DATE OF REQUEST

Transcripts for current students will be issued without charge. Former students - $5.00 per transcript will be required before a transcript can be released. Debit/credit card payments for transcript orders may be made directly to the Student Accounts office by calling 918-781-7211.

Transcript Fee Received in Registrar's Office:
Date: _____By: _____
_____ Cash _____ Check _____ Money Order
Card Payment Information:
__Debit /*Credit Card # _____ - _____ - _____ - _____
Card Expiration Date _____
*Required for Credit Card payments –
CCID Code (3-digit code on back of card) _____

FOR OFFICE USE ONLY
Date referred to Business Office:
_____
Date cleared by Business Office to issue transcript: _____

Date Request Completed by Registrar's Office _____

Revised 5/13/2014.