OFFICIAL TRANSCRIPT REQUEST
OTTAWA UNIVERSITY
1001 S. Cedar, Box #43 Ottawa, KS 66067
Phone (785) 242-5200 Ext. 5585
Fax (785) 229-1007

Please complete all sections to the best of your ability. Failure to complete sections or outstanding financial obligations to the university may result in a delay in the processing of your request. Normal processing time is 2-3 business days after receipt of the final grade rosters at the processing unit in Kansas. Please allow 2-3 weeks for receipt of transcripts after the end date of a course.

Name:_____
First Middle Last

Other names under which you may have attended (maiden, nickname, etc):_____

Social Security No._____ Date of Birth_____

Your address: _____
Street Address

_____
City State Zip Code

_____
Daytime telephone Email

B. Transcript Mailing Information

Send transcript to: _____
Student, College, University or Agency Attention/In Care Of:

_____
Street Address

_____
City State Zip Code

Number of transcripts to be sent to above address: _____
If you do not specify a number, one transcript will be mailed. For more than two addresses, please complete a second sheet or staple additional addresses to this sheet.

C. Fees and Payment Information (Credit Card or Money Order Only) Check Delivery Method Box
$5 per transcript □ First Class Mail □ Overnight Fee $45 plus cost of transcripts

Name on Card: _____

_____
Street Address on card billing statement

_____
City State Zip Code

_____ _____
Card Number Expiration Date

D. Timing Instructions
I would like my transcript sent: (Check One Only):

□ Now
□ After grades are recorded for _____ term/semester*
□ After degree is recorded for_____ term/semester*

***Requests to hold transcripts will be honored for a maximum of two weeks. If the item is not resolved within a two-week period of time, a new request must be submitted.**

E. Student Signature
I understand that if I have a financial obligation to the institution, my transcript will not be released until this obligation is fulfilled.
I acknowledge the processing time frames as stated above.

_____ _____
Student Signature Date
(required for release)

The University is not responsible for delivery delays by the U.S. Postal Service or loss by the transcript recipient.