

OKLAHOMA STATE UNIVERSITY  
CENTER FOR HEALTH SCIENCES  
Office of Student Affairs  
1111 West 17th Street • Tulsa, Oklahoma 74107-1898 • (918) 561-8469 • FAX (918) 561-8243

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_ Contact Phone or E-Mail \_\_\_\_\_

ID Number \_\_\_\_\_  
(Leave blank if not known; do not use SS#)

**Signature of Person Making Request:** \_\_\_\_\_ Request Date \_\_\_\_\_  
(Written signature must accompany all requests. Typed signatures cannot be accepted.)

**NOTE: If you have any unpaid accounts with the University, transcripts will not be issued until clearance is issued by the Bursar Office – (918) 594-8326**

- |  |   |
|--|---|
| <input type="checkbox"/> Official Transcript                                       | <input type="checkbox"/> Comlex 1 Score                   |
| <input type="checkbox"/> Unofficial Transcript                                     | <input type="checkbox"/> Comlex 2 CE Score                |
| <input type="checkbox"/> Official Photocopy of Diploma                             | <input type="checkbox"/> Comlex 2 PE Score                |
| <input type="checkbox"/> Proof of Enrollment/Letter of Good Standing***            | <input type="checkbox"/> Dean's Letter                    |
| <input type="checkbox"/> Proof of Enrollment/Letter of Good Standing W/ Class Rank | <input type="checkbox"/> Residency Recommendation Letters |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Letter writers' names must be specified)

\*\*\*3<sup>rd</sup> & 4<sup>th</sup> year students on rotations should see Clinical Education for letters of good standing and elective rotation approval forms to be completed by the Dean. Vaccination records are housed at the Clinic, 918-582-1980. OSU-COM does not receive copies of USMLE scores. Please provide us with a copy if you would like USMLE scores sent with requested paperwork.

**Delivery Method:**

**Mail to Address**  
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\_\_\_\_\_  
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**E-Mail To:** \_\_\_\_\_

**Fax to: Name of Institution** \_\_\_\_\_

**Attention** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**I will Pick Up**

**PLEASE ALLOW 24-48 HOURS FOR ALL RECORD REQUESTS**

**(For Office Use Only)**

Date Documents Mailed/Faxed/Picked up \_\_\_\_\_ **By** \_\_\_\_\_