

Eastern Oklahoma County Technology Center

# RECORDS REQUEST



Please carefully read and complete each section below:

**Please check one:** ☐ Official Transcript\*: \_\_\_\_\_ (no. of copies) ☐ Certifications  
☐ Unofficial Transcript\*: \_\_\_\_\_ (no. of copies) ☐ Test Results  
☐ Other Records: \_\_\_\_\_

\*Official Transcripts bear the school seal and must be mailed to the student/school/agency requested.

\*Unofficial transcripts do not bear the school seal and may be emailed as a PDF.

## Student Information:

**Today's Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SSN (last 5 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Current Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other names used while attending EOC: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Program(s) Attended: \_\_\_\_\_

## Method of Delivery (choose one)

☐ Student to pick up at EOC ☐ Regular mail to student (use address above)  
☐ Another to pick up at EOC (ID required): ☐ Regular mail to school or agency:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ ATTN: \_\_\_\_\_  
☐ Email PDF to (provide email address below): \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ City, St., Zip: \_\_\_\_\_

- A valid, state issued, photo ID is required for ALL requests
- Please allow 5 business days for processing
- Requests are unable to be delivered by fax due to security paper safeguards

\_\_\_\_\_  
Student Signature:

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

\_\_\_\_\_  
Parent Signature: (if secondary student)

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

## For Office Use Only:

Request received by: \_\_\_\_\_ Date completed: \_\_\_\_\_

☐ Picked Up ☐ Mailed ☐ Emailed