

ODESSA COLLEGE

Records Office
201 W. University
Odessa, TX 79764
Records@odessa.edu

Ph. 432.335.6404
Fax 432.335.6303

Request for Academic Record

OC ID# or Date of Birth

Name:

Address:

City: State: Zip:

Phone: () -

Email:

I request copies of:
Transcripts from other schools
Shot records
Other (specify):

I will pick up the copy of my academic record.

Please mail the copy of my academic record to:

College/University/Organization

Attn: (Individual or Department (Ex.: Admissions, Registrar, etc.))

Street or P.O. Box

City State Zip

Special Instructions
If the student requests copies of his/her records, appropriate copies will be made at a cost to the student of \$0.15 per page.

Business Office
Please collect from this student:
[pages x \$0.15] \$
Receipt Number:
Received By:

OTHER NAMES
Maiden or other names under which you may have attended:

- I understand that my request may take 24-72 business hours to be processed and mailed. If I request my academic record during our busiest season (registration), it may take up to one week to be processed and mailed.
I understand that academic records will not be faxed. For expedited requests, transmission to the student's verified email address may be provided.

Student's Signature: Date:

Received by: Date: Processed by: Date: