



Spartan College

Attn: Office of the Registrar

8820 E Pine Street

Tulsa, OK 74115

Leslie.Diggs@spartan.edu, or

Belinda.Medina@spartan.edu

TRANSCRIPT REQUEST FORM

Please Complete Request in Full and Print Clearly

Last Name _____ First Name _____

Last 4 of SSN _____ DOB _____

Current Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

All Financial Obligations to Spartan College must be met before an Official Transcript(s) will be issued

PAYMENT METHOD

CREDIT CARD: VISA MASTERCARD DISCOVER AMEX

CARD #: _____ EXPIRATION DATE: _____ CVC #: _____

CHECK/MO (Payable to Spartan College) CASH AMOUNT \$: _____

Dates of Attendance (Term/Year) _____ How many copies: _____

Signature _____ Date _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), we must have a signature in order to release your transcripts.

Name of Institution/Requestor _____

Department/Attention _____

Address _____

City _____ State _____ Zip Code _____

**Please note that no transcript will be issued to any student whose financial obligations to the College have not been satisfied * Allow 7-10 business days from the date of receipt of this form to process this request * It is the Student's responsibility to furnish a current, correct, and complete address **

How would you like your transcripts?

Email: (Address) _____ @ _____

All transcripts sent via email will be unofficial, official transcripts can only be mailed or pick-up by the student

Mailed to: (Send to the Institution/Requestor address listed above)

Student Pick-up

If requesting by mail or email, please send your Transcript Request Form to:

Spartan College

Attention Office of the Registrar

8820 E Pine Street

Tulsa, OK 74115

Leslie.Diggs@spartan.edu, or

Belinda.Medina@spartan.edu

Office Use Only:

Processed on (date): _____

Registrar Initials: _____