

Transcript Request Form

Date _____

(Name of Institution)

(Address)

Dear Sir/Madam:

Please send an official copy of my transcript to:

**University of Oklahoma College of Pharmacy
Office of Student Affairs, Room 111
Attn: OUCOP PEAP
1110 N Stonewall Avenue
Oklahoma City, OK 73117**

Full Name: _____

Social Security Number: _____

Sincerely,

(Signature)

(Name & Address of Requestor)

(Phone number & Email address)