



TRANSCRIPT REQUEST FORM

Student Information: 【please print】

SSN or CASC ID#: _____ Date of Birth: _____
Full Name: _____ Former Names: _____
Mailing Address: _____
Contact Phone Number: _____
Contact E-Mail Address: _____
Date Last Attended CASC: _____
List all previous CASC degrees earned and year: _____

- Check here if you are currently enrolled with CASC?
 Check here if you wish to update your CASC records using the above Student Information.

Send CASC Transcript to: : 【please print】

College Name/Agency: _____
Address: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Number of Copies: _____

- Mail transcript now
 Mail transcript at end of term after grades are posted
 Mail transcript at end of term after degree is conferred

STUDENT SIGNATURE: _____



DATE: _____

Transcripts Request Policy

Student should return this *Transcript Request* form by mail or fax or in-person to the Office of Admissions, at the address below, with a copy of your photo ID (ex. Driver's license, CASC ID card, tribal ID, or military ID).



Office of Admissions & Records
1507 So McKenna
Poteau, OK 74953
voice 918-647-1300 • fax 918-647-1306

Transcripts are mailed within 5 working days after receipt of request. Transcripts are not issued if an institutional "HOLD" exists, including Business, Financial Aid, Library, or other. Once the HOLD is cleared, request will be processed. Transcripts cannot be emailed. Students may print their own unofficial transcript using VIKECONNECT. No fee is charged to fulfill this request.

Identification and signature permission is necessary to verify your authority to request a transcript and safeguard your privacy from those who do not have such authority (*in compliance with Federal Education Rights and Privacy Act*). (Revised 11/2016)