

**TRANSCRIPT REQUEST  
OTTAWA UNIVERSITY  
1001 S. Cedar Street, #43 Ottawa, KS 66067  
Fax: 785-229-1007**

Please complete all sections to the best of your ability. Failure to complete sections or outstanding financial obligations to the University may result in a delay in the processing of your request. Please allow 2-3 weeks for receipt of transcripts after the end date of a course. Normal processing time is 2-3 business days after receipt of the final grade rosters at the processing unit in Kansas. No fee is charged for transcripts not requiring rush fees. Call 785-242-5200, ext. 5585, for rush fees and process information.

**A. Student Information**

Name: \_\_\_\_\_  
First Middle Last

Other names under which you may have attended (maiden, nickname, etc): \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your address: \_\_\_\_\_  
Street Address

City State Zip Code Country

Daytime telephone Email

**B. Transcript Mailing Information**

Send transcript to: \_\_\_\_\_  
Student, College, University or Agency Attention/In Care Of:

Street Address

City State Zip Code

Number of transcripts to be sent to above address: \_\_\_\_\_

If you do not specify a number, one transcript will be mailed.

Send transcript to: \_\_\_\_\_  
Student, College, University or Agency Attention/In Care Of:

Street Address

City State Zip Code

Number of transcripts to be sent to above address: \_\_\_\_\_

(If you do not specify a number, one transcript will be mailed.)

For more than two addresses, please complete second sheet or staple additional addresses to this sheet.

**C. Timing Instructions**

I would like my transcript sent: (Check One Only):

Now

After grades are recorded for \_\_\_\_\_ term/semester\*

After degree is recorded for \_\_\_\_\_ term/semester\*

**\*Requests to hold transcripts will be honored for a maximum of two weeks. If the item is not resolved within a two-week period of time, a new request must be submitted.**

**D. Student Signature**

I understand that if I have a financial obligation to the institution, my transcript will not be released until this obligation is fulfilled.

I acknowledge the processing time frames as stated above.

\_\_\_\_\_  
Student Signature  
(required for release)

\_\_\_\_\_  
Date