



P.O. Box 121, Fort Cobb, OK 73038 - Phone 405-643-3236 - Fax 405-643-3014
ATTN: Registrar Office

OFFICIAL TRANSCRIPT RELEASE
(Please print or type)

Date: _____

Name: _____

List maiden name (or name at time of attendance): _____

Current Address: _____

Current Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Dates of Attendance and/or Graduation: _____

Class(es) taken: _____

Check below all that apply:

I hereby request my transcript be mailed to:

I hereby request my transcript be given to:

I hereby authorize officials of the Caddo Kiowa Technology Center to release information regarding my attendance and grades for classes I have attended to the above named party.

Student's Signature

Parent/Guardian (if not of legal age)

We are unable to fax transcripts. A signed release must be obtained before Transcript will be issued.

FOR OFFICE USE ONLY: Student to present picture ID upon receiving transcript.	Employee Initials:
Sent By:	Date Sent: