



OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS
CLOSED-SCHOOL TRANSCRIPT REQUEST

STUDENT INFORMATION

Name: _____

Name while Enrolled, if different: _____

Address when Enrolled: _____

City: _____ State: _____ Zip Code: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Area Code and Telephone: () _____ Email: _____

Date of Birth: _____

SCHOOL INFORMATION

School Name: _____ Oklahoma Location: _____

Approximate Dates: Started: _____ and Ended _____

Program: _____ Student Number (NOT a SSN): _____

WHERE TO MAIL THE TRANSCRIPT

Student Copy Requested: _____ YES _____ NO

Name of School or Employer: _____

Contact Person/Department: _____

Full Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SIGNATURE/CERTIFICATION

By signing below, I certify that the records I am requesting are my own. Further, if applicable, I authorize the OBPVS to release my records to the School/Organization identified above.

Requestor's Signature: _____ Date: _____

The Certification must be signed, or the Request cannot be processed.

HOW TO SUBMIT THE REQUEST, AFTER SIGNING

The Oklahoma Board of Private Vocational Schools (OBPVS) can only accept signed requests submitted via either scan, fax, or mail to the address listed below. Although the OBPVS makes every effort to assist a Student to retrieve his or her records, when a School closes some records may not be sent to the Agency or may be incomplete. You will be provided copies of what the OBPVS has on file for you. Your request will be processed within **10 business days** of receipt of your completed Closed School Transcript Request Form, and in the order received.

1. Scan to: angela.moore@obpvs.ok.gov
2. FAX to: (405) 528-3366
3. Mail to: 3700 N. Classen Blvd., Ste. 250, Oklahoma City, OK 73118