



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