



OAKWOOD UNIVERSITY

Transcript Request Form

MAIL TO: Registrar's Office • Oakwood University • 7000 Adventist Boulevard NW • Huntsville, AL 35896
Telephone: (256) 726-7353 Fax: (256) 726-7199

ALLOW 7-10 BUSINESS DAYS FOR PROCESSING.

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Requestor Name: _____ Maiden: _____
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Undergraduate Graduate Hold for: Semester/Summer Grades Graduation Date

1. Please send this transcript to:

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Undergraduate Graduate Hold for: Semester/Summer Grades Graduation Date

2. Please send this transcript to:

Name or Institution: _____
 Address 1: _____
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 City: _____ State: _____ Zip Code: _____
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➤ I hereby authorize the release of my transcript to the institution(s) or individual(s) indicated above. A Money Order or Cashier's Check is attached for the amount of \$_____.

Signature: _____ Date _____

Official Use Only			
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Signature above indicates transcript received