



OKCPS

STUDENT SERVICES

1701 Exchange Avenue, Oklahoma City, OK 73108
 Mail to: Box 36609, Oklahoma City, OK 73139
 Phone 405.587.0438 FAX 405.587.0436
bmchanthaboury@okcps.org

REQUEST for RECORDS

Enclose \$1.00 Fee per Copy
 Ordered Payable to: **Oklahoma City Public Schools**

TOTAL RECORDS ORDERED

Order Date		
Select type of student record requested	<input type="radio"/> High School Transcript	<input type="radio"/> Affidavit (<i>DACA or Other</i>)
Total copies ordered		
Total Fee Payment Method		
List purpose for information requested		

STUDENT INFORMATION

Phone Number (<i>Home</i>) (<i>Cell//Work/Other</i>)		
Date of Birth (DOB) (<i>mm/dd/yyyy</i>)		
First Name		
Middle Name		
Last Name (<i>Paternal or Married</i>)		
Last Name (<i>Maternal, Maiden, or AKA</i>)		

SCHOOL INFORMATION

What is the last OKCPS school attended?		
What is the last year you attended OKCPS?	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSENT TO RELEASE INFORMATION

<input type="radio"/> Pick records up in person (<i>Photo identification required to verify name and DOB</i>)		
<input type="radio"/> Permission granted for the following person to pick up student records		
<input type="radio"/> MAIL student records to:		
List School/Agency/Other		
Attention		
Mailing Address		
City		
State	Zip	
<input type="radio"/> EMAIL Student Records		
<input type="radio"/> FAX Student Records	FAX #	Attn:

My **SIGNATURE** below (*electronic or written*) verifies the information provided is true and verifies consent to release requested student information to the person, school, agency, company, or other listed above. I understand submitting false information is a violation of law and may result in a conviction, fine, or other in accordance with Oklahoma State Law.

- Student Signature (*Required if age 18 or older*)
- Parent Signature (*Required if student is a minor*)

FORM MUST BE NOTARIZED when eligible student (*or parent of minor*) is not picking up records in person:
 Person of signature above, personally appeared before me and provided satisfactory evidence of identification of which copies of ID documents are also notarized on this _____ day of _____, _____.

Notary Seal

(Day) (Month) (Year)

Official Signature of Notary

My commission expires: _____