



**OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS  
CLOSED-SCHOOL TRANSCRIPT  
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](mailto:angela.moore@obpvs.ok.gov)
2. FAX to: (405) 528-3366
3. Mail to: 3700 N. Classen Blvd., Ste. 250, Oklahoma City, OK 73118