

**SPARTAN COLLEGE OF AERONAUTICS AND TECHNOLOGY
STUDENT RECORDS**

TRANSCRIPT REQUEST FORM

**Mail your completed, signed form and a check or money order in the amount of
\$5.00 for the first copy and \$1.00 for each additional copy to:**

**Spartan College of Aeronautics and Technology
Student Records Office
P.O. Box 582833
Tulsa, OK 74158-2833**

STUDENT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

LAST YEAR YOU ATTENDED SPARTAN: _____

PROGRAM: TECH FLIGHT

SSN: _____

(International students - please use your Spartan Student ID #)

Please list the information of where you would like your transcript to be sent:

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Please check here if you will be requesting more than one copy of your transcript. List the complete mailing address(s) or fax number(s) for any other institutions on the back of this form.

FEDERAL PRIVACY ACT OF 1976 REQUIRES YOUR SIGNATURE ON THIS FORM.

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