Request For Official Transcripts

TO:

Institution: _____

Address: _____

_____

I hereby authorize you to forward an official transcript of my record(s) to:

Oklahoma Board of Chiropractic Examiners
Attention: Joseph English
421 N.W. 13th Street, Suite 180
Oklahoma City, Oklahoma 73103
(405) 522-3400

If there is a fee for this service, please bill me to the address shown below.

_____ _____
Signature Date

Student's Name: _____
(As it appears on records)

ID Number: _____

Date(s) Attended: _____

Birth Date: _____

Current Address: _____

_____

_____