



REQUEST FOR RELEASE OF TRANSCRIPT

TO: DIRECTOR OF PRACTICAL NURSING
 KIAMICHI TECHNOLOGY CENTERS
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 Antlers, OK 74523

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 Phone: 580-298-5160

STUDENT INFORMATION	PLEASE NOTICE:													
	<ul style="list-style-type: none"> This Request for Release of Transcript <u>MUST</u> be <u>IN-PERSON</u>, <u>MAILED</u> or <u>FAXED</u> and bear the original signature of the student/graduate. Transcript requests via TELEPHONE or E-MAIL <u>WILL NOT</u> be accepted ELECTRONIC SIGNATURES <u>WILL NOT</u> be accepted. 													
	Student Name While Attending Program (please print)	Year of Graduation or Attendance												
	Current Address	Please CIRCLE Campus Attended												
	City, State, Zip Code	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">ANTLERS</td> <td style="width: 50%; text-align: center;">IDABEL PT</td> </tr> <tr> <td style="text-align: center;">ATOKA</td> <td style="text-align: center;">IDABEL FT</td> </tr> <tr> <td style="text-align: center;">DURANT PT</td> <td style="text-align: center;">McALESTER</td> </tr> <tr> <td style="text-align: center;">DURANT FT</td> <td style="text-align: center;">POTEAU</td> </tr> <tr> <td style="text-align: center;">HUGO</td> <td style="text-align: center;">STIGLER</td> </tr> <tr> <td></td> <td style="text-align: center;">TALIHINA</td> </tr> </table>	ANTLERS	IDABEL PT	ATOKA	IDABEL FT	DURANT PT	McALESTER	DURANT FT	POTEAU	HUGO	STIGLER		TALIHINA
	ANTLERS	IDABEL PT												
	ATOKA	IDABEL FT												
DURANT PT	McALESTER													
DURANT FT	POTEAU													
HUGO	STIGLER													
	TALIHINA													
Social Security Number (last four digits only)														
Date of Birth														

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 Student Signature
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 Phone Number

 Date