

NORTHEASTERN STATE UNIVERSITY
GRADUATE COLLEGE 601 N. GRAND
TAHLEQUAH OK 74464
918-444-2295

REQUEST FORM

I _____, SSN# _____,
personally, authorize Northeastern State University to mail the following item(s) to
the address listed below:

Mail to: _____
(Company Name or to the Attention Of)

_____ Address _____ City _____ State _____ Zip _____

****NOTE:** You must contact the Registrar's Office for Official Transcripts or Diploma
replacements. ******

Please mail the following item(s):

_____ Copy of Acceptance Letter

_____ Copy of Entrance Exam Score(s)

_____ Copy of Degree Plan and Statement of Understanding

_____ Copy of Final Degree Audit

_____ Copy of Candidacy Letter

_____ Other: _____

Signed: _____ Date: _____
Student signature

Witness: _____ Date: _____
Graduate College Office Personnel