



Request for Transcript

Liberty Public School

2727 E 201st Street South • Mounds OK 74047

Phone 918-366-8784 Fax 918-366-1501

tammy.reichert@libertyps.org

First Name: _____ Last Name: _____

Maiden Name: _____ Phone Number: _____

Date of Birth: _____ Graduation Year: _____

Signature: _____ Date Requested: _____

With my signature, I authorize Liberty Public School, to release a copy of my academic record to the person or institution indicated below. I have also provided a copy of my photo ID or a signed release has been submitted on my behalf.

Allow 7 to 10 business days for request to be processed.

Request transcript be sent:

- Send/Release to _____
- Sealed Copy _____
- Email _____
- Fax _____
- Mail _____

Office use only

Requested	Communicated		Verification
<input type="checkbox"/> Self	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> ID Shown/Sent
<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Email	<input type="checkbox"/> In-Person	<input type="checkbox"/> Release Sent

Registrar Signature

Date Completed