

THE PETROLEUM INSTITUTE
STUDENT ONE-STOP SHOP (SOS)
Request For Official Transcript Of Record Form



TO BE COMPLETED BY THE STUDENT
 Please return to the SOS upon completion

Student ID Number	Name (First, Middle, Last)
College Level	Major
	Mobile Number

	Transcript Type	Number of Copies Requested
<input type="checkbox"/>	Print Undergraduate courses only	
<input type="checkbox"/>	Print Graduate courses only	
<input type="checkbox"/>	Print all course levels	

Request Justification:

Delivery Method:

Collect by the student at the Registrar's Office

Mail to University / Institution (Fill name and FULL address CLEARLY to assure delivery)

Student's Signature Date

TO BE COMPLETED BY STUDENT AFFAIRS DIVISION

Interaction with Sponsor

We hereby confirm that we have checked with this student's sponsor and receive the following input. Proof of communication is attached herewith.

Sponsor Decision	Approved Delivery Method by the Sponsor
<input type="checkbox"/> Release Official Transcript	<input type="checkbox"/> Collect by the student at the Registrar's Office
<input type="checkbox"/> Hold Official Transcript	<input type="checkbox"/> Mail to University/Institution (above-mentioned address)

SAD Remarks

Staff Name Staff Signature / Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Transcript(s) is/are printed on _____	Transcript(s) is/are printed by _____
Transcript(s) is/are given to the counter on _____	Staff Signature _____

TO BE COMPLETED BY THE SOS ASSISTANT

Transcript(s) is/are picked up on _____	Transcript(s) is/are mailed on _____
Staff Signature _____	