



# College of the Muscogee Nation

## Registrar Services/Official Transcript Request

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Student ID/Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone \_\_\_\_\_ Proof of ID \_\_\_\_\_

### Item/Service Requested

CMN Transcript

\_\_\_\_\_ Number Requested (**10 Limit**)

Send after current semester grades are recorded

Hold for pick-up

Mail to address below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enrollment Verification

Insurance Verification (Provide forms or name/address of insurance agency)

Deferment forms (Proper form must be attached)  
For what semester do you want the deferment?

Other/Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Please Return Form To:

CMN Registrar's Office

2170 Raven Circle, Okmulgee, OK 74447 Phone (918)549-2847 / Fax (918)759-6941

*If you have any questions, please contact the Registration Office of the  
College of the Muscogee Nation at (918) 549-2847.*

For Office Use Only:

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_