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 ____________