



FRANCIS TUTTLE CERTIFICATE REQUEST FORM

Last Name	First Name	Middle Initial	Name when attending FT
Home Address	City	State	Zip
Student ID or Last four of SSN	Date of Birth (mm/dd/yyyy)	Date Last Attended	<input type="checkbox"/> Check if current student
Program Attended	Instructor		
Home Phone	Cell Phone	Work Phone	

If you are mailing or faxing this request, please note:
This request will not be completed unless a copy of your photo ID is sent with this request form.

A processing time of 3-5 business days is required for all transcript requests. Student will need to indicate if they will be picking up transcript or request sending it by mail. Transcripts cannot be faxed or emailed.

- Certificate will be picked up (person must show photo ID at time of pick up)
- Mail to address above

Signature of Student: _____ Date: _____
 (Authorization to Release Records)
 Electronic Signatures are not accepted

Mail or Fax this completed form to the appropriate department:

Francis Tuttle Technology Center
Danforth Campus
 3841 E. Danforth Rd.
 Edmond, OK 73034
 Fax: 405.906.4444

Francis Tuttle Technology Center
Portland Campus
 3500 NW 150th St.
 Oklahoma City, OK 73134
 Fax: 405.717.4792

Francis Tuttle Technology Center
Reno Campus
 17301 W. Reno Ave.
 Oklahoma City, OK 73127
 Fax: 405.717.4699

Francis Tuttle Technology Center
Rockwell Campus
Information Technology Programs
 12777 North Rockwell Ave.
 Oklahoma City, OK 73142
 Fax: 405.717.4792

Francis Tuttle Technology Center
Rockwell Campus
Health Science Programs
 12777 North Rockwell Ave.
 Oklahoma City, OK 73142
 Fax: 405.717.4789

Francis Tuttle Technology Center
Rockwell Campus
Trade & Industrial Programs
 12777 North Rockwell Ave.
 Oklahoma City, OK 73142
 Fax: 405.717.4168

FOR OFFICE USE ONLY:

Date received: _____ Date completed: _____

Colleague Verify ID Mailed Picked Up