FRANCIS TUTTLE TRANSCRIPT 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 _____ ☐ Check if current student

Program Attended _____ Instructor _____

Home Phone _____ Cell Phone _____ Work Phone _____

Number of transcripts requested _____

- ☐ Place in individual sealed envelopes
- ☐ Transcript(s) will be picked up (person must show photo ID at time of pick up)
- ☐ Mail to address above
- ☐ Mail to address below (applicant is responsible for complete address)

Institution/Person/Agency Name _____

Address _____ City _____ State _____ Zip _____

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.

NOTE: If you have any unpaid accounts with Francis Tuttle, transcripts will not be issued until account is cleared through the Cashier's Office (Cashier phone: 405-717-4224).

Signature of Student: _____ Date: _____

(Authorization to Release Records)
Electronic Signatures are not accepted

Mail or Fax this completed form to:

Francis Tuttle Technology Center
Student Administrative Services
12777 North Rockwell Ave.
Oklahoma City, OK 73142-2789
Fax (405) 717-4325

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.

FOR OFFICE USE ONLY: Request received by: _____ Date Completed: _____

☐ Picked Up ☐ Mailed

Updated: June 13, 2018