

**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

**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.\***

Number of transcripts requested \_\_\_\_\_\_ Request Certificate of Completion \_\_\_\_\_\_\_

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

**FOR OFFICE USE ONLY:** Request received by: Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Picked Up  Mailed

Updated: July 8, 2020