



**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 _____	<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.\***

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