

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 Atten	ded	Check if current student
Program Attended		Instructor		
Home Phone	Cell Phone	Work F	Work Phone	
Number of transcripts requested Place in individual sea Transcript(s) will be pion Mail to address above		of your photo ID is se oto ID at time of pick	nt with t	his request form.*
Address	City		State	Zip
A processing time of 3-5 business picking up transcript or request se				d to indicate if they will be
Signature of Student:	(Authorization to Release R *Electronic Signatures are no	ecords)	e:	
	Mail or Fax this con Francis Tuttle Tech Student Administra 12777 North Ro Oklahoma City, Ol Fax (405) 7 Email: transcripts@t	nnology Center ative Services ockwell Ave. K 73142-2789 17-4325		
FOR OFFICE USE ONLY: Reque	est received by:	Date	Comple	ailed