



**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**  
 7301 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