



FRANCIS TUTTLE TRANSCRIPT/CERTIFICATE REQUEST FORM

Students Name _____
Last First Middle Other names used

University/School/Business Name _____
(Where you want your transcript mailed)

Mailing Address _____
(Where you want your transcript mailed)

FTTC Student ID# _____ OR Last Four Digits SSN# _____

Date of Birth _____ Date Last Attended _____ Check if current student

Program Attended _____ Instructor _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

____ I AM REQUESTING A *(please circle)* **TRANSCRIPT / CERTIFICATE / BOTH**

____ I AM REQUESTING THIS TRANSCRIPT/CERTIFICATE **BE MAILED**

____ I WILL **PICK UP** MY TRANSCRIPT/CERTIFICATE
(Must show photo ID when you pick up your transcript in person)

NOTE: A processing time of **3-5 business days (except during high volume periods)** is required for all transcript requests. Student will need to indicate if they will be picking up transcript or request it to be sent by mail.

Signature of Student: _____ Date: _____

(Authorization to Release Records)

Electronic Signatures are not accepted

Mail or Fax this completed form to:
Francis Tuttle Technology Center – Rockwell Campus
Attn: IT Department
12777 N Rockwell Ave
Oklahoma City, OK 73142

IT Fax 405.717.4792

If you are faxing this request, please note:

***This request will not be completed unless a **FAXED COPY OF YOUR PHOTO ID** is sent along with this request form. ***

FOR OFFICE USE ONLY: Request received by: _____ Date Completed: _____ <input type="checkbox"/> Verify ID _____ <input type="checkbox"/> PERC _____ <input type="checkbox"/> Mailed/ <input type="checkbox"/> Picked Up _____ <input type="checkbox"/> RQSS: _____
