



# 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 \_\_\_\_\_  Check if current student OR Date Last Attended \_\_\_\_\_

Program Attended \_\_\_\_\_ Instructor \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

I AM REQUESTING A **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: \_\_\_\_\_

Verify ID \_\_\_\_\_  PERC \_\_\_\_\_  Mailed/ Picked Up \_\_\_\_\_  RQSS: \_\_\_\_\_