



Name (First, Middle, Last): \_\_\_\_\_ Other Names used: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Check here if you would like the above address to be used to update your records

Date of Birth: \_\_\_\_\_ SS# (Last Four): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date last Attended: \_\_\_\_\_ Program or class attended: \_\_\_\_\_

Check if current student

Send this Moore Norman Technology Center Transcript to:

(Applicant is responsible for complete address)

Address above

Institution/Person/Agency Name: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am requesting a:

Transcript – Number of copies requested: \_\_\_\_\_

Letter of Verification (verification of hours and/or enrollment) – Number of copies requested: \_\_\_\_\_

Check here if you require each transcript or letter in a separate, sealed, and stamped envelope

**NOTE:** Transcript will be sent within five business days of receipt of request, except during rush periods.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Authorization to Release Records)**

**\*\*Electronic Signatures are not accepted\*\***

Send Request to or for Inquiries/Comments:

Records Management

Moore Norman Technology Center

PO Box 4701

Norman, OK 73070-4701

405.801.5000

Fax: 1.405.561.4167

Email: records.management@mntc.edu

**If you are faxing or emailing this request, please note:**

**\*\* This request will not be completed unless a legible copy of your photo ID is sent along with this request form\*\***

**FOR OFFICE USE ONLY**

Request received by: \_\_\_\_\_ Date completed: \_\_\_\_\_

Picked Up  Mailed  Faxed  E-mailed