



Current Student

Former Student

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): _____

Phone Number: _____ Email: _____

Date last Attended: _____ Program or class attended: _____

Send this Moore Norman Technology Center Transcript/Letter of Verification to:

(Applicant is responsible for complete address)

Address above

Institution/Person/Agency Name: _____

Street/Box: _____ City, State, & Zip: _____

I am requesting a:

Transcript

Letter of Verification (verification of hours and/or enrollment)

Number requested: _____

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

NOTE: Transcript/Letter of Verification will be processed within five business days of receipt of request, except during rush periods. In order to protect personal data and information, transcripts cannot be faxed or emailed.

I would like to pick up my transcript/letter of verification. Please contact me at the phone number/email listed above when it is available for pickup.

Student Signature: _____ Date: _____

Signature Agreement*

Electronic Signature Agreement. By selecting this box and typing your name above, you are signing this agreement electronically. You agree your electronic signature is the same as a handwritten signature for the purposes of validity, enforceability and admissibility.

Send Request to or for Inquiries/Comments:

Records Management

Moore Norman Technology Center

PO Box 4701

Norman, OK 73070-4701

Phone: 405.801.5000 | Fax: 1.405.561.4167

Email: records.management@mntc.edu

**** This request will not be completed unless a legible copy of your photo ID is included with this form. ****

FOR OFFICE USE ONLY

Request received by: _____ Date completed: _____

Picked Up Mailed