



TRANSCRIPT OR LETTER OF VERIFICATION

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#: _____

Telephone Number: _____ E-mail: _____

Date last Attended: _____ Program or class attended: _____

☐ Check if current student

Send this Metro Technology Centers 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: _____

☐ Program Cost Letter – Number of copies requested: _____

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

☐ Certificate/Duplicate Certificate

☐ 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:

Registrar

Metro Technology Centers

405.595.4433

Fax: 405.427.5645

Email: Registrar@metrotech.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