

Transcript/Certificate Request Form

Date ____/____/____

Identifying Information:

Student's Full Name: _____

Name at time of WTC attendance (if different from above):

Last 4 digits of social security number: _____

Birthdate (mm/dd/yyyy): _____

Dates of WTC attendance: _____

_____ Requesting a Copy of my Transcript

_____ Requesting a Copy of my Certificate

Please mail the requested Forms to (include name and address):

Signature

Contact Phone Number

*****ALL REQUESTS MUST INCLUDE A COPY OF YOUR PHOTO ID *****

Please fax your Request Form and a copy of your Photo ID to the numbers below:

For Burns Flat/Elk City/Weatherford students, ATTENTION: Janelle Pease Fax # 580-562-4476

For Sayre students, ATTENTION Catelynn Spieker Fax # 580-928-9827