



Student Transcripts/Records Release Authorization

For verification purpose, please provide a copy of your driver's license, state ID, or other form of identification showing your name and date of birth

IDENTIFYING INFORMATION
Transcript copies are \$5.00 each.

Last name, First Name, Middle Initial, Student ID # or Social Security #, Date of Birth, Program/Class, Phone Number, Address, City, State, Zip, Are you currently enrolled at the East Campus or Avalon Campus? Yes No, If not, approximate years of attendance

Record Requesting - please check one:

Official Transcript, Certificate of Completion, Enrollment Verification Letter, TABE Scores, CASAS Scores

Number of copies to be MAILED, Number of copies to be PICKED UP, Number of copies to be FAXED, Fax Number

ADDRESS TO SEND RECORDS TO (student is responsible for providing the correct address)

1. Name, Address, City, State, Zip Code
2. Name, Address, City, State, Zip Code

I authorize OTC - East Campus or the Avalon Campus to release my transcripts/records to the above listed institution(s) or individual(s)

Student Signature, Date

Mail form and Payment to: Orange Technical College - East Campus
Campus Attn: Records Request
901 W. Webster Ave
Winter Park, FL 32789

OFFICE USE ONLY

Amount, Date Received, Date Sent, Date Records Mailed/ Faxed/ Picked up, Visa, Master Card, Cash, Check, Received by, Outstanding Fees, Sent by, Comments