



## 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 Orlando Campus? Yes \_\_\_\_ No \_\_\_\_ If not, approximate years of attendance \_\_\_\_

Record Requesting – please check one:

Official Transcript \_\_\_\_ Certificate of Completion \_\_\_\_ TEAS Scores \_\_\_\_ (Practical Nursing)  
TABE Scores \_\_\_\_ CASAS Scores \_\_\_\_ Enrollment Verification Letter \_\_\_\_

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)

- Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize OTC – Main 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**  
**Attn: Records Request**  
**301 West Amelia Street**  
**Orlando, FL 32801**

### OFFICE USE ONLY

Amount \_\_\_\_\_  Visa \_\_\_\_\_  Master Card \_\_\_\_\_  Cash \_\_\_\_\_  Check \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: \_\_\_\_\_  
Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ Outstanding Fees: \_\_\_\_ Yes \_\_\_\_ No  
Date Records Mailed/ Faxed/ Picked up \_\_\_\_/\_\_\_\_/\_\_\_\_ Sent by \_\_\_\_\_ Comments: \_\_\_\_\_