



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 Mid Florida 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 – South 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 – South Campus
Attn: Records Request
2900 West Oak Ridge Road
Orlando, FL 32809

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: _____