



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 Westside Campus? Yes ____ No ____ If not, approximate years of attendance ____

Record Requesting – please check one:

Official Transcript ____ Certificate of Completion ____ Service Hours ____ (Cosmetology & Barbering)
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)

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

I authorize OTC – West 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 – West Campus
Attn: Records Request
955 East Story Road
Winter Garden, FL 34787

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: _____