

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.

Student ID # or Social Security #	Last n	ame	First Name			Middle Initial
Address: City State Zip	Studer	nt ID # or Social Secu	ırity #	Date of Birth/		
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 Nursin TABE Scores (Practical Nursin 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				Phone Number		
Record Requesting – please check one: Official Transcript				City	State	Zip
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) 1. Name Address City State Zip Code 2. 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 Check Date Received _/_ Cash Check Date Check Date Check Date Cash Check Date Check Date _	Are yo	•	•			
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