



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

The first copy of each official transcript is provided at no charge; additional 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 – Mid Florida 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 – Mid Florida 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: _____