



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 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)

- Name _____
 Address _____ City _____
 State _____ Zip Code _____
- Name _____
 Address _____ City _____
 State _____ Zip Code _____

I authorize OTC – Westside 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 – Westside 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: _____