



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 Winter Park Campus or Avalon 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 – Winter Park Campus or the Avalon 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 – Winter Park Campus
 Campus Attn: Records Request
 901 W. Webster Ave
 Winter Park, FL 32789

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: _____