

OZARKS TECHNICAL COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM Office of the Registrar

To order an official academic transcript please submit this form in **ONE** of the following ways:

- Submit to the Student Services Office at any OTC campus or extension center
- FAX to (417) 447-6925
- Mail to: Ozarks Technical Community College
ATTN: Office of the Registrar
1001 E Chestnut Expressway
Springfield, MO 65802

NOTE: A transcript will not be released if there is a hold on your account due to an unpaid balance, not completing exit counseling for a student loan, overdue library materials or failure to take the exit assessment. When the hold is resolved, please notify the Records office at 417-447-8984.

Please Print

Last Name First Name Middle Name

Previous Last Name(s) 1) _____ 2) _____

Student ID Number or SSN: _____

Current Address: _____
Street City, State, Zip

Is this transcript for: _____ Credit _____ Non-Credit
Graff Vocational-Technical School? (prior to 1991) _____ Yes _____ No

TRANSCRIPT SENDING OPTIONS: _____ Send Now
_____ Hold for _____ Semester Grades
_____ Hold for Degree Posting _____ Semester
_____ Pick Up*

*Transcripts requested for **pick up** will be available with a photo ID after 3:00 pm the next business day after the form is received. Transcripts may be picked up at Student Services in the Information Commons West Building, Springfield Campus.

MAIL OR FAX TRANSCRIPT(S) TO:

1. _____ 2. _____

STUDENT SIGNATURE: _____ Date: ____/____/____