

OZARKS TECHNICAL COMMUNITY COLLEGE

REQUEST TO RELEASE INFORMATION AND/OR VERIFICATION OF ENROLLMENT

Office of the Registrar

Submit this form to the Student Services Office at any [OTC campus or Education Center](#),
or FAX to (417) 447-6925.

By signature I authorize Ozarks Technical Community College
to release information regarding my enrollment to:

Please choose one of the following options:

Student will pick up. Available the following business day after 2:00 p.m. at the Student Services Office.

Mail to: _____

Name

Address

City

State

Zip Code

Fax to: (_____) _____ - _____
Area Code Number

Please Print:

Student name: _____
Last First MI

Student ID Number: _____

RELEASE THE FOLLOWING INFORMATION (please checkmark):

_____ Complete attached form

_____ Current Term Schedule of Classes

_____ Dates of Enrollment

_____ All Semesters

_____/____ Semester Only
(Year/Semester)

_____ Full/Part Time Status (i.e. FT or PT)

_____ Other (Specify) _____

For Office Use:

Completed By: _____

____/____/____
Date

STUDENT SIGNATURE

____/____/____
DATE