

OZARKS TECHNICAL COMMUNITY COLLEGE

TRANSCRIPT REQUEST FORM Office of the Registrar

For Office Use Only:
Received by and date

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 education 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 loan exit counseling, 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

CREDIT TRANSCRIPTS:

TRANSCRIPT SENDING OPTIONS:

- _____ Send Now
_____ Hold for _____ Semester Grades
_____ Hold for Degree Posting _____ Semester
_____ Pick Up*

NON-CREDIT TRANSCRIPTS:

- Is this transcript for Graff Vocational Technical School? (prior to 1991) _____ Yes _____ No
Is this transcript for non credit Community Enrichment classes? _____ Yes _____ No

COMPLETE NAME AND ADDRESS OF WHERE TRANSCRIPT IS TO BE MAILED:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Student Signature: _____

Date: ____/____/____

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Processed by and date

* Transcripts requested for pick up will be available with a photo ID after 3:00 p.m. the next business day after the form was received. Pick up location: Student Services, Information Commons West building, Springfield Campus.