TRANSCRIPT REQUEST FORM
Office of the Registrar

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
- E-Mail to studentservices@otc.edu

NOTE: A transcript will not be released if there is a hold on your account due to an unpaid balance, overdue library materials, etc. When the hold is resolved, please notify the Records office at 417-447-8984.

(Please Print)

Last Name                                                                   First Name

Previous Last Name(s): 1)________________________________  2) ______________________________________

Student ID Number or SSN: _______________________________

Current Address: ________________________________________________________________________________

Street                                                                                                   City
State                        Zip

Current Phone Number: _________________________ Current E-mail Address______________________________

CREDIT TRANSCRIPTS:

TRANSCRIPT SENDING OPTIONS:

______ Send Now

______ Hold for _________ Semester Grades

______ Hold for Degree Posting ____________

______ Pick Up*   # of Copies: _____

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: ______________________________________

Other Instructions:________________________________     Other Instructions:____________________________

# of Copies:________                                                               # of Copies:________

Student Signature:__________________________________________________

Date: ______/_____/_______

For Office Use Only:
Received by and date

For Office Use Only:
Processed by and date

Office of the Registrar 8/2014