

OZARKS TECHNICAL COMMUNITY COLLEGE

VERIFICATION OF ENROLLMENT AND/OR REQUEST TO RELEASE INFORMATION Office of the Registrar

SUBMIT THIS FORM TO THE STUDENT SERVICES OFFICE AT ANY OTC LOCATION, OR EMAIL TO STUDENTSERVICES@OTC.EDU.

By signing this form, I authorize Ozarks Technical Community College to release information regarding my enrollment to:

PLEASE CHOOSE ONE OF THE FOLLOWING DELIVERY OPTIONS (please checkmark):

- Pick up. Available the following business day after 2:00 p.m. at the Springfield Campus Student Services Office (ICW 1009). Financial Aid Requests may take 5-7 business days to process.
- Student/Authorized person must show photo ID upon pick-up
 - Document(s) will be picked up by: _____
- Mail to: Recipient Name/Attention: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
- Email to: _____
-

PLEASE PRINT:

Student name (Last, First, MI): _____

Student ID Number: _____ Student Phone #: _____

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)
- Letter of non-attendance (**include last four digits of SSN for identification**): _____
- Other (list below, and attach additional document if needed):
-

STUDENT SIGNATURE: _____

DATE: ____/____/____

Received by/Date	Processed by/Date