OZARKS TECHNICAL COMMUNITY COLLEGE

VERIFICATION OF ENROLLMENT AND/OR
REQUEST TO RELEASE INFORMATION

Office of the Registrar

Please submit this form to the Student Affairs Office on the Springfield Campus, or the Student Success Center at any other OTC location.

You may also email this document to registrar@otc.edu or fax it to 417-447-6925.

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

Student Name (First, MI, Last Name): _____

Student ID Number or Last Four of SSN: _____

Student Phone Number: _____

Student Signature: _____

Date: _____

SELECT A DELIVERY OPTION *(please write first and last initial)*

_____ Picked up:
- Available the following business day **after 2:00 p.m.** at the Springfield Campus Student Affairs Office (ICW 109).
- Financial Aid Requests may take 5-7 business days to process.
* Student/3rd party <u>MUST</u> show a photo ID upon pick-up *
- Document(s)will be picked up by: _____
   If picked up by a 3rd party, the student will need to submit a Release of Student Information form <u>BEFORE</u> the 3rd party can pick up requested document(s).

_____ Mailed to:
Recipient Name/Attention: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____

_____ Emailed to: _____

RELEASE THE FOLLOWING INFORMATION *(please write first and last initial)*

_____ Complete Attached Form
_____ Current Semester Class Schedule
_____ Dates of Enrollment
   _____ All Semesters
   _____ Semester Only _____ Semester/Year (ex. FA/22)
_____ Full/Part-Time Status (please circle Full or Part-Time)
_____ Letter of Non-Attendance (include last four digits of SSN for identification): _____
_____ Other (list requested item(s) below, and attach additional document(s) if needed):
_____

Received by/Date:	Processed by/Date:

Office of the Registrar 10/12/22