

OZARKS TECHNICAL COMMUNITY COLLEGE

Credential Request Authorization Form

Office of the Registrar

Company/Organization Name

Today's Date

Applicant's Information

Name(s) While Enrolled at Ozarks Technical Community College

Date of Birth

Street Address

City

State/Province

Postal Code

Email Address

Phone Number

Authorization

By signing this document, I authorize (enter receiving company/organization)

to request Ozarks Technical Community College to release my complete academic credential to (enter receiving company/organization)

for the following reason

I certify under penalty of law that I am the individual identified in this credential request

Signature (Physical)

Date