OFFICIAL TRANSCRIPT REQUEST FORM

Official Transcript fee: $5
Express Transcript fee : $15 (processed within 48 hours)
Note: All financial obligations to OTC must be satisfied before a transcript can be released.

To obtain unofficial transcripts, students may log on to BannerWeb and print copies at no charge.
http://bannerweb.okefenokeetech.edu

***Instructions for completing request***

The form must be filled out completely and signed.
A transcript request cannot be processed without a legal signature.
After completing the form, please pay the processing fee and return form to Student Affairs.

Contact the OTC Cashier at (912)285-6319 for payment of faxed requests. Fax requests to (912)284-2508.

Date ____________________________
Last Name ________________________ First _______ Maiden _______
Social Security Number/ID # ___________ - _________ -
Street ______________________ City __________ State _______ Zip ___________
Telephone (Home) ____________________ (Work/Cell) ____________

☐ Official Transcript fee: $5
☐ Express Official Transcript fee : $15 (processed within 48 hours)

☐ I will pick up my transcript. (OTC ID card or picture ID required to pick up transcript)
☐ Mail/electronically send my transcript to the following:

Name ____________________________ City __________ State _______ Zip ___________
Street __________________________ City __________ State _______ Zip ___________
Fax __________________________________________________________________________
Email* _________________________________________________________________________ *(required for electronic transcripts)

Additional Information:
What was your name when you attended our institution? ____________________________
What year(s) did you attend? ____________________________

Family Educational Rights & Privacy Act of 1974, Public Law 93-380, Section 438, requires written consent of student before any information other than directory information can be released. By my signature on this form, I am requesting the Office of the Registrar to furnish the above information to the recipient listed.

Signature ____________________________

For Office Use Only:
Number of copies ________
Amount Paid __________ Mailed/Emailed ________
Receipt ________ Picked Up ________
Cashier ________ Faxed _____________
Date ________________

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