



WAYCROSS CAMPUS • 1701 CARSWELL AVE • WAYCROSS, GA 31503 • PHONE (912) 287-6584  
 ALMA CAMPUS • 101 WEST 17<sup>TH</sup> ST • ALMA, GA 31510 • PHONE (912) 632-0951  
 FAX (912)284-2508

**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.

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Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle/ Maiden \_\_\_\_\_

Social Security Number/ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

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- 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 \_\_\_\_\_

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:**

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Number of copies \_\_\_\_\_

Amount Paid \_\_\_\_\_ Mailed/Emailed \_\_\_\_\_

Receipt \_\_\_\_\_ Picked Up \_\_\_\_\_

Cashier \_\_\_\_\_ Faxed \_\_\_\_\_

Date \_\_\_\_\_