

TRANSCRIPT RELEASE FORM

Passaic County Technical Institute

45 Reinhardt Road
Wayne, New Jersey 07470
Telephone: 973.389.4230 – Fax: 973.389.2049

GUIDANCE DEPARTMENT

RELEASE FORM

I hereby give permission to the Passaic County Technical Institute to forward my school records to the third party listed below. The transcript should include: (Please check what you wish to have included.)

_____ All subjects taken with final grades.

_____ Testing results (Ex: Achievement, PSAT, SAT, ACT, Etc.)

THIS REQUEST TO PROCESS YOUR TRANSCRIPT SHOULD BE GIVEN DIRECTLY TO THE GUIDANCE OFFICE STAFF OR PLACED IN THE TRANSCRIPT BASKET IN THE OFFICE AT LEAST TEN (10) SCHOOL DAYS PRIOR TO THE APPLICATION OR INTERVIEW DEADLINE.

ID#: _____ Full Name: _____

Date of Birth: _____

Year of Graduation: _____

Please check-off (✓) if you graduated from the Adult High School Program:

_____ Yes, I graduated through the Adult High School Program

- Telephone # where you can be reached: _____

Parent/Guardian Signature

Date

Student Signature, if over 18 years of age

Date

Note: As determined by the "Privacy Laws" 98-380 passed by the 93rd Congress and in effect as of November 20, 1974, the written consent of a parent or student (18 years of age or older), is required for the release of any school records.

PLEASE FORWARD MY TRANSCRIPT TO:

NAME OF COLLEGE / UNIVERSITY

TO THE ATTENTION OF

STREET ADDRESS AND/OR PO BOX

CITY, STATE & ZIP CODE

FOR OFFICE USE ONLY:

Date Received

Date Sent/Mailed