

# TRANSCRIPT RELEASE FORM

## Passaic County Technical Institute

45 Reinhardt Road

Wayne, New Jersey 07470

Telephone: 973.389.4230 – Fax: 973.389.2049

pctvstranscriptrequest@pcti.tec.nj.us

### SCHOOL COUNSELING DEPARTMENT

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

All subjects taken with final grades  Testing results

**\*THIS REQUEST TO PROCESS YOUR TRANSCRIPT SHOULD BE GIVEN TO THE PCTI SCHOOL COUNSELING 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/BUSINESS, if applicable

\_\_\_\_\_  
TO THE ATTENTION OF

\_\_\_\_\_  
STREET ADDRESS AND/OR PO BOX

\_\_\_\_\_  
CITY, STATE & ZIP CODE

### FOR OFFICE USE ONLY:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Sent/Mailed