

TRANSCRIPT RELEASE FORM - LPN PROGRAM



PCTVS - Licensed Practical Nursing (LPN) Program
PCCC - Wanaque Academic Center
500 Union Ave
Wanaque, New Jersey 07420
Telephone: 973.389.2020

RELEASE FORM

I hereby give permission to the Licensed Practical Nurse Program of Passaic County Technical Vocational Schools to forward my school records to the third party listed below. The transcript should include:

_____ Final Grades

THIS REQUEST TO PROCESS YOUR TRANSCRIPT SHOULD BE SENT DIRECTLY TO THE LPN PROGRAM ALONG WITH YOUR \$5.00 MONEY ORDER (Made Payable To: "PCTVS - LPN Program" - NO CHECKS/CASH ACCEPTED). PLEASE BE AWARE THAT IF NO MONEY ORDER IS ATTACHED WITH TRANSCRIPT RELEASE FORM THERE WILL BE DELAYS IN PROCESSING YOUR REQUEST. ALSO, PLEASE ALLOW 48 HOURS FOR PROCESSING.

\$5.00 - Money Order ONLY Enclosed (NO CHECKS or CASH ACCEPTED)

SS #:
(Last 4 digits ONLY)

Full Name:

Name at the time of Graduation (Maiden) - Print Neatly

Date of Birth: _____

Year of Graduation: _____

Day LPN Graduate (✓): _____

Evening LPN Graduate (✓): _____

- Telephone # where you can be reached: _____

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