

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER
GUIDANCE DEPARTMENT

STUDENT TRANSCRIPT REQUEST

STUDENT'S NAME AT TIME OF ATTENDANCE _____

DATE OF BIRTH _____ YEAR OF GRADUATION OR GRADE _____

PRESENT ADDRESS _____

TELEPHONE NUMBER _____ SHOP _____

I hereby authorize the Lawrence County Career and Technical Center to furnish the school/agency/employer, etc. listed below with any information concerning my school record which is requested by that said agency, including a transcript of grades, attendance and tardiness records, test scores, and if applicable; health and immunization records, Individualized Education Plan (IEP), Evaluation Report (ER) and discipline report.

I do hereby release the Lawrence County Career and Technical Center and all individuals connected herewith from all liability for any damage whatsoever incurred in furnishing such information.

RECORDS TO BE SENT TO:

(Name of Institution)

(Street Address)

(City) (State) (Zip Code)

AUTHORIZATION

If individual has reached 18th birthday, he/she must sign this release.

If under 18 years of age, parent or guardian is required to sign the release.

AUTHORIZED SIGNATURE FOR RELEASE OF AFOREMENTIONED INFORMATION:

DATE _____

An Equal Rights and Opportunities Career and Technical Center