



Matthew C. Carey
Superintendent

Transcript Records Release Form

Date: ____ / ____ / ____

I authorize Mercer County Technical School District to release official transcripts and report cards for the following student:

PLEASE PRINT BELOW

Name of student **when attended:** _____

Date of Birth: ____ / ____ / ____ Last 4 of Social Security Number: _____

Address **when attended:** _____

Program attended: _____ Year graduated/completed: _____

Current Address: _____

Email: _____ Phone Number: _____

Attached as: Adult* Shared-Time Academy

Location: Assunpink Sypek Health Careers Center*

Full Time Academies: HSA STEM Culinary Arts

*There is a \$5 charge for Adult Evening School and Health Careers Center official transcripts. Personal checks are not accepted.

Signature of student/parent/guardian

PLEASE SEND OFFICIAL SCHOOL RECORD TO:

Name of individual/organization: _____

Address: _____ City/State/ZIP: _____

NOTE: This form needs to be emailed to

- Assunpink Center: Barbara Venanzi • bvenanzi@mcts.edu
- Sypek Center: Jennifer Hardwick • jhardwick@mcts.edu
- Adult Evening School: Larkesa Carr • lcarr@mcts.edu

FOR OFFICIAL USE ONLY: To be completed by individual processing request.

Date received: ____ / ____ / ____ Date processed: ____ / ____ / ____ Initials: _____