



Matthew C. Carey
Superintendent

Records Release Form

Date: ____ / ____ / ____

I authorize Mercer County Technical School District to release official school reports, including academic, attendance and related certificates 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: _____

Attached as: ☐ Post-Secondary* ☐ Shared-Time ☐ Academy

Location: ☐ Assunpink ☐ Sypek ☐ Health Careers Center*

Full Time Academies: ☐ HSA ☐ STEM ☐ Culinary Arts

*There is a \$5 charge for Post-Secondary 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
- Post-Secondary: Maria Evans • mevans@mcts.edu

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

Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_\_