

**Student Records – Release Form**

In accordance with the State Board of Education on Pupil Records, and the Family Educational Rights and Privacy Act, I hereby grant permission to the officials of STCs to release the following record/information from my file:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

The above listed record/information should be sent to:

\_\_\_\_\_  
\_\_\_\_\_

The purpose for the release of this record/information is to:

\_\_\_\_\_  
\_\_\_\_\_

There is no charge for the first official transcript issued to graduates with their certificate at graduation. Graduates will receive an unofficial transcript (no school seal affixed) for their personal records. Each additional transcript must be requested in writing and will require a fee of \$10.00 for processing. Money order should be made payable to: STC and returned to: STC (Graduated Program) Transcript, 101 Technology Drive, Frackville, PA 17931

\_\_\_\_\_  
Name (Please include name while attending program and any name change)

\_\_\_\_\_  
Current Address State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Class Number \_\_\_\_\_

Fee Enclosed \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature