



Union County Vocational - Technical Schools

Office of Student Services
1776 Raritan Road, Scotch Plains, NJ 07076
908-889-8288 Ext 339 Fax 908-889-1559

Transcript Release Request Form

Student Information

Full Name _____

School Attended

<input type="checkbox"/> AAHS - Academy for Allied Health Services	<input type="checkbox"/> Adult Post Secondary	<input type="checkbox"/> Adult High School ____ Plainfield ____ Elizabeth	<input type="checkbox"/> AGL - Academy for Global Logistics
<input type="checkbox"/> AIT - Academy for Information Technology	<input type="checkbox"/> APA - Academy for Performing Arts	<input type="checkbox"/> Evening School	<input type="checkbox"/> MHS - Magnet HS for Science, Mathematics, & Technology
<input type="checkbox"/> SYA - Simon Youth Academy	<input type="checkbox"/> Raymond J Lesniak E.S.H. Recovery HS	<input type="checkbox"/> UCCTI (Shared Time) Union County Career & Technical Institute	<input type="checkbox"/> UCTECH High School (Full Time)

Year(s) Attended: _____ School Location (City): _____ Program Enrolled : _____

Date of Birth: ____/____/____ Student ID (if known): _____

Phone Number: _____ Email: _____

Transcript Request Details

Delivery Method:

- Inperson pickup (Required for Notarized Transcripts)
- Email directly to your email address provided above.
- Email transcript directly to the requester (a school or job)

Please provide the name & email address you would like it sent to below:

Authorization

I hereby authorize the release of my academic transcript as indicated above.

Signature: _____ Date: _____

Print Name of Parent/Guardian signature if under 18: _____

Signature of Parent/Guardian: _____

Please allow 7 to 10 business days for processing after this request has been received. Requests without a signature will not be processed. Send completed form to Jackie Dilone, Student Services Department: jdilone@ucvts.org.

Administrative Use Below

Date Received: ____/____/____ Date Processed : ____/____/____ Processed By: _____