



Opportunity starts here

REQUEST FOR SCHOOL RECORDS

AND RELEASE AUTHORIZATION – PINELLAS TECHNICAL COLLEGE

Identifying Information:

Complete legal name while attending school _____

Name currently used if different _____

Married name, if applicable _____

PTC school dates of attendance from _____ to _____

Adult/Vocational program attended (day or evening) _____

Birthdate _____ Social Security Number _____

Phone number and email address where you can be contacted, in case of questions.

Phone: _____ Email: _____

Records requested:

_____ Verification Letter

_____ "Copy" of Original Certificate of Completion

_____ Copy of Vocational Program Transcript

(Check Official _____ or Unofficial _____)

Please give Date of Completion: _____

(Any program records are dated from more than 5 years ago, they are kept in a Central Records Facility and will require additional time to obtain.)

Signature required _____

Send to: _____

