MERCER COUNTY TECHNICAL SCHOOLS

Dr. Charles Powell
Acting 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: **Former Students:** mevans@mcts.edu • **Current Students:** mbaldwin@mcts.edu

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

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

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