



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

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