REQUEST FOR SCHOOL RECORDS AND

RELEASE AUTHORIZATION - PINELLAS TECHNICAL COLLEGE

Date: _____

STUDENT INFORMATION:

Student Name while attending: _____

Program: _____

Date of Attendance from_____ to_____

Birthdate_____

Phone Number and Email where you can be contacted, in case of questions.

Phone_____ Email_____

RECORDS REQUEST:

Change of Address/Phone or Email:

From:_____ Recipient_____

_____ _____

_____ _____

_____ Change of Name (Bring proof of name change, DL, marriage certificate, etc.)

__ Early Learning Coalition - School Training Verification for period _____

_____ Copy of Original Certificate of Completion

__ Transcript Requests: PLEASE GIVE THE DATE OF COMPLETION

Official ___ Unofficial ___ Program _____

(Official Transcripts must be mailed or picked up in Student Services)

_____ Letters for Proof of Enrollment. **REQUIRE at least 48 HRS.**

***Please Note: If student withdraws within 10 business days, the above recipient will be notified.**

Signature Required _____

SEND TO:_____

_____

_____

REQUEST MAY BE DROPPED OR PICKED UP IN STUDENT SERVICES, BLDG. #1

MAILED TO: ATTN. RECORDS DEPARTMENT
6100-154TH AVENUE NORTH, CLEARWATER, FL 33760
FAX (727) 524-4445 or EMAIL: ptcclwrecords@pcsb.org

(Any program records that are dated more than 7 years old are maintained by the Central Records Department of Pinellas County; they may be reached at 727-793-2701)