**STUDENT TRANSCRIPT REQUEST**

**GUIDANCE DEPARTMENT**

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| --- | --- |
| Student Name (at time of attendance): |  |
| Date of Birth: |  | Current Contact Number: |  |
| Attending Year 1: |  | Program Name: |  |
| Attending Year 2: |  | Program Name: |  |
| Attending Year 3: |  | Program Name: |  |
| Current Address: |  |
| Are you currently attending BCAVTS: | [ ]  YES | [ ]  NO |

|  |
| --- |
| I hereby authorize the Butler County AVTS to furnish the school/agency/employer, etc. listed below with any information concerning my school record which is requested by that said agency, including a transcript of grades, attendance and tardiness records, test scores, and if applicable; health and immunization records, Individualized Education Plan (IEP), Evaluation Report (ER) and discipline report. I do hereby release the Butler County AVTS and all individuals connected herewith from all liability for any damage whatsoever incurred in furnishing such information.  |
| **Records to be sent to** |
| Name: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |

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| --- |
| **Authorization** |
| If individual has reached 18th birthday, he/she must sign this release.If under 18 years of age, legal parent/guardian is required to sign the release. |
| **Authorized signature for release of aforementioned information** |
|  |
| Date: |  |  |  |

**Submit Completed Transcript Request to:**

Alyssa Walk, PIMS Coordinator/Guidance Office Assistant

724-282-0735 x 207

\*A live signature is required.