**STUDENT TRANSCRIPT REQUEST**

**GUIDANCE DEPARTMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.