

Butler County Area Vocational-Technical School

210 Campus Lane • Butler, Pennsylvania 16001 • Phone (724) 282-0735 Fax (724) 282-7448

STUDENT TRANSCRIPT REQUEST GUIDANCE DEPARTMENT

Date of Birth: Current Contact Number:	Student Name (at time of attendance)):		
Attending Year 2:	Date of Birth:	Current Contact Number:		
Attending Year 3:	Attending Year 1:	Program Name:		
Current Address: Are you currently attending BCAVTS: YES	Attending Year 2:	Program Name:		
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 18 th 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	Attending Year 3:	Program Name: _		
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Date:	Authorized signature for release of	f 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.