



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

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.

An Equal Opportunity, Affirmative Action Employer

www.butlertec.us