

JEFF TECH

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TRANSCRIPT RELEASE REQUEST FORM

REQUESTOR INFORMATION

Current Name: _____
(First) (Middle) (Last)

Former Name(s): _____
As appears on school records (if applicable)

Birth Date: _____ Email address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Approximate Dates of Attendance: _____ to _____
(Month/Year) (Month/Year)

I was enrolled as: ☐ High School Student ☐ Adult Student Program of Study: _____

Did you graduate? ☐ No → _____ ☐ Yes → _____
(Last Grade Completed) (Year of Graduation)

TRANSCRIPT DELIVERY

Transcripts may be considered unofficial if not in original form

☐ In-Office Pickup ☐ Fax → _____ ☐ Email → _____
Fax Number Email Address

☐ Mail → _____
Name or C/O (Business, School, or Person(s) Full Name)

Mailing Address (Street, City, State & Zip Code)

By typing your name in the signature box below, you are certifying that the information on this form is true and correct. Your typed name in the signature box further authorizes Jeff Tech to process this request and serves as the official release required under the Family Educational Rights & Privacy Act.

Signature

Date