

TRANSCRIPT RELEASE FORM - LPN PROGRAM



Licensed Practical Nursing (LPN) Program

Passaic County Technical Vocational Schools
2 Paulison Avenue
Passaic, New Jersey 07055
Telephone: 973.389.2020 – Fax: 973.646.3568

RELEASE FORM

I hereby give permission to the Licensed Practical Nurse Program of Passaic County Technical Institute to forward my school records to the third party listed below. The transcript should include:

_____ Final Grades

THIS REQUEST TO PROCESS YOUR TRANSCRIPT SHOULD BE SENT DIRECTLY TO THE LPN PROGRAM ALONG WITH YOUR \$5.00 MONEY ORDER (Made Payable To; "PCTI" - NO CHECKS/CASH ACCEPTED). PLEASE BE AWARE THAT IF NO MONEY ORDER IS ATTACHED WITH TRANSCRIPT RELEASE FORM THERE WILL BE DELAYS IN PROCESSING YOUR REQUEST. ALSO, PLEASE ALLOW TIME FOR PROCESSING.

\$5.00 – Money Order ONLY Enclosed (NO CHECKS or CASH ACCEPTED)

SS #: _____ Name at the time of Graduation (Maiden) – Print Neatly
(Last 4 digits ONLY) Full Name: _____

Date of Birth: _____ Year of Graduation: _____

Day LPN Graduate (v): _____ Evening LPN Graduate (v): _____

- Telephone # where you can be reached: _____

Student Signature, if over 18 years of age

Date

Note: As determined by the "Privacy Laws" 98-380 passed by the 93rd Congress and in effect as of November 20, 1974, the written consent of a parent or student (18 years of age or older), is required for the release of any school records.

PLEASE FORWARD MY TRANSCRIPT TO:

NAME OF COLLEGE / UNIVERSITY

TO THE ATTENTION OF

STREET ADDRESS AND/OR PO BOX

CITY, STATE & ZIP CODE

FOR OFFICE USE ONLY:

Date Received

Date Sent/Mailed