

**REQUEST FOR SCHOOL RECORDS**

**AND RELEASE AUTHORIZATION – Pinellas Technical Education Centers (pTEC)**

Identifying information:

Complete legal name while attending school \_\_\_\_\_

Name currently used, if different \_\_\_\_\_

Married name, if applicable \_\_\_\_\_

pTEC school dates of attendance from \_\_\_\_\_ to \_\_\_\_\_

Adult/vocational program attended, if applicable (day or evening) \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone number and email address where you can be contacted, in case of questions.

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Records requested:**

*(Please indicate quantity needed in space provided)*

\_\_\_\_\_ “Copy” of Original Certificate of Completion

\_\_\_\_\_ Copy of Vocational Program Transcript (Indicate Official \_\_\_\_\_ or Unofficial \_\_\_\_\_)

\_\_\_\_\_ Verification of Enrollment

**Please give Date of Completion:** \_\_\_\_\_

\*(Any program records from more than 5 years ago, are kept in a central records facility and will require additional time to obtain.)

\_\_\_\_\_ Other *(Please describe)* \_\_\_\_\_

**Signature required**

Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_