

REQUEST FOR TRANSCRIPT & WITHDRAWAL FORM RELEASE

NCCVT ADULT EDUCATION DIVISION Marshallton Education Center

1703 School Lane
Wilmington, DE 19808
Phone (302) 683-3642
Fax (302) 995-6235

Disclosure of Pupil's School Records* (Transcript and Withdrawal Form)

Permission for Release of School Information

Under Provision of P.L. 93-380, Title V, Section 483 (Privacy Act), I hereby authorized the Chief School Officer or the designated representative to release school record information deemed necessary to:

NCCVT Adult Education Division – Marshallton Education Center

Date: _____

Student's Name: _____ Maiden Name: _____

Attended _____ High School from _____ to _____

Student Signature

Date of Birth

Age

Signature of parent/guardian if under 18

Date

Signature of Adult Witness

Date

FOR OFFICE USE ONLY

Items Released: Transcript Withdrawal Date Other _____

Items Release By: _____ Date: _____

*This form is intended for retention as a permanent record in the student's school file.