



SCHOOL TRANSCRIPT RELEASE FORM

Please complete this form and send it to your high school, postsecondary school, college or university to authorize the release of your transcript to our admissions office. Make copies of this form if necessary.

Please send an *official copy* of this student's transcript to

Sandusky Career Center
2130 Hayes Avenue
Sandusky OH, 44870
Attn: Admissions & Financial Aid Coordinator

Current name of student _____

Your name during school if different from above _____

Student address _____

City _____ State _____ Zip _____

Date of Birth _____ Year of graduation _____

Name of School _____

I, the undersigned, consent to the release of my school transcript to The Sandusky Career Center.

Signature

Date