



ERIE COUNTY TECHNICAL SCHOOL

8500 OLIVER ROAD

ERIE, PA 16509

814-464-8600

RELEASE OF RECORDS

(Board Policy 216)

REQUESTOR INFORMATION

DATE OF REQUEST: _____

Name (LN, FN)

Phone Number

Email of Point of Contact (POC) for Request

Student Name (As it appears on School Records)

Date of Birth

Program Completed/Attended

Start Date

End Date

Type of Records: ☐ Official Transcript (Sealed & Certified for companies, colleges/universities)

☐ Unofficial Transcript (For Personal Use)

☐ Other Item(s): _____

RECIPIENT INFORMATION

POC & Preferred Method of Sending Information (include POC to send information to and method – email, fax, mail)

Recipient Name

Company Name, College, University

Address

City

State

Zip Code

Email Address

Phone

Fax Number

SUBMIT COMPLETED FORM TO: Registrar@ects.org

ACKNOWLEDGEMENT AND AUTHORIZATION (REQUIRED)

This is to authorize that I give my consent of any records held at the Erie County Technical School to be released to the recipient(s) listed above.

STUDENTS Name (Print Full Name)

Phone

STUDENTS Signature

Date