



J. F. Ingram State Technical College Transcript Release Form

PLEASE PRINT IN BLACK INK

Date of Request: _____

Directions to Applicant: Complete form and return to the student services office. Your signature below authorizes the release of your Ingram State Technical College record to the person or institution listed below. Under the Buckley/Pell Amendments to the Family Education Rights and Privacy Act of 1974, no personal information may be transmitted without your written consent.

I hereby authorize the release of my Ingram State Technical College record to the person or institution listed below.

Student's Signature: _____

_____		_____		_____
Last Name	First	Middle/Maiden	Social Security Number	
_____				_____
Name of Student at time of enrollment if different from above				AIS Number
_____		_____		_____
Last Term Attended	Year	Graduation Date	Year	Birthdate

Graduate Non-Graduate

Please send a copy of my:

- College Transcript
- General Education Development Test Scores (GED)
- Copy to Student

To: _____

Transcript should be mailed:

- Now
- At the end of _____ semester
- Issued to student