



# Transcript Release Form

PLEASE PRINT IN BLACK INK

Date: \_\_\_\_\_

**Directions to Applicant: Complete form and return to the Student Services office. Your signature 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 records 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                      Graduation Date Year                      Birthdate

Please send a copy of my:

- College Transcript                       General Education Development Test Scores (GED)
- Copy to Student                       Certificates of Completion
- Halfway Application                        Psychological Profile

Other Information

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transcript should be mailed:

- Now                       At the end of \_\_\_\_\_ semester                       Issued to student