

Charlotte Technical Center
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Attn : Health Sciences

**PRACTICAL NURSING PROGRAM
REQUEST FOR RELEASE OF RECORDS**

I _____
(PRINT) First Middle Maiden Last

hereby request that the registrar of _____
forward transcripts of my: High School Records G.E.D. Scores

To the above address so my application can be processed. I attended your school from _____
to _____

PLEASE AFFIX SCHOOL SEAL TO COPY OF TRANSCRIPTS

- I understand that such records may include:
- Personal and family (statistical information)
 - Subject performance information
 - Standardized test information
 - Attendance information
 - School enrollment information
 - Physical health information

Signature of Applicant Date

Guardian Signature (If applicant is under 18 years of age)

Note to Registrar: If possible, please send this form or make a copy of it and attach it to the requested transcripts for our records.