

TRANSCRIPT RELEASE FORM

I, _____, authorize the release of my official transcript to the following:

Name/Institution: _____

Address: _____

City, State, Zip Code: _____

Attention: _____

Name(s) while attending Choffin: _____

Current Phone Number (s): _____ / _____

Email Address: _____

Date of Birth: _____

Year(s) of Graduation or of Attendance: _____

Select Program:

- _____ Dental Assisting
- _____ Practical Nursing
- _____ Surgical Technology
- _____ Other _____

Student Signature: _____ Date: _____

We accept the following forms of payment:

1. **CASH**
2. **MONEY ORDERS** (These **MUST** be made payable to Youngstown City Schools)

***Note: NO PERSONAL CHECKS Permitted**

*****FOR OFFICE USE ONLY*****

Authorized by: _____ Date: ___/___/___ _____ \$10.00 Transcript Fee Paid

9/23/2022