

**PRACTICAL NURSING PROGRAM  
SCHUYLKILL TECHNOLOGY CENTER~North Campus  
INTERMEDIATE UNIT #29**

**STUDENT RECORDS - RELEASE FORM**

In accordance with the State Board of Education on Pupil Records (PA Code Title 49, Professional & Vocational Standards, Chapter 21.231-234), and the Family Educational Rights and Privacy Act, I hereby grant permission to the Officials of the Schuylkill Technology Center -Practical Nursing Program to release the following record/information from my file:

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The above listed record/information should be sent to:

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The purpose for the release of this record/information is to:

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Effective 7/1/85: The first official transcript issued to graduates with their certificate at graduation along with an unofficial transcript (no school seal affixed) for their personal records.

Each additional transcript must be requested in writing and will require a fee of \$10.00 (Board Approved 10/09) for processing. **Money order** should be made payable to: Schuylkill Technology Center and returned to: STC PN Program, 101 Technology Drive, Frackville, PA 17931 ATTN: PN Transcript.

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Name (Please include name while attending program & any name change) \_\_\_\_\_ Date \_\_\_\_\_

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Current address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Class # \_\_\_\_\_

Fee enclosed \$ \_\_\_\_\_ Your Signature \_\_\_\_\_