

## BCTC Student Record Request Form

You may use this form to request BCTC to send your records to yourself, to another school, or to a place of employment.

**PLEASE NOTE** if an official transcript showing credit hours earned and grades received is necessary, please contact your graduating high school's student services office. BCTC does NOT issue official transcripts.

Please complete ALL of the information requested below. Sign the form and mail or fax to:

**Berks Career & Technology Center**

**Attention: Lead Counselor**

**1057 County Rd.**

**Leesport, PA 19533**

**Phone: 610-374-4073**

**Fax: 610-374-1340**

Student's Name (first & last): \_\_\_\_\_

Enrollment Start Date: \_\_\_ / \_\_\_ / \_\_\_ Enrollment End Date: \_\_\_ / \_\_\_ / \_\_\_

Check One: \_\_\_ High School Student      \_\_\_ Adult Student

Campus Attended: \_\_\_ East (Oley)      \_\_\_ West (Leesport)

Program Name: \_\_\_\_\_

Sending District: \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of Record Requests: \_\_\_\_\_

Select one of the following:

- Send records to MY current address listed ABOVE.
- Send records to the address (or addresses) shown BELOW.
- Hold records for pick-up at the East Campus in Oley.
- Hold records for pick-up at the West Campus in Leesport.

**Send records to:** (Provide contact name, organization name, & complete address for each request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the release of my BCTC records to myself or to the above named person(s) or organization(s). (Sign Here) \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_