



### 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 out to Youngstown City Schools)

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

Authorized by: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_ \$10.00 Transcript Fee Paid  
(No charge for unofficial transcripts)