



Transcript Release Form

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

Name/ Institution: _____

Address: _____

City, State, Zip: _____

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. Check, or Money Order (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)