

Charlotte Technical Center
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DENTAL ASSISTING PROGRAM REQUEST FOR RELEASE OF RECORDS

Attention: Health Science

Attention: Student Services

I _____
(PRINT) First Middle Maiden Last

hereby request that the registrar of _____

forward transcripts of my: High School Records G.E.D. Scores
 College Records Other _____

To the above address so my application can be processed. I attended your school from _____
_____ to _____

PLEASE AFFIX SCHOOL SEAL TO COPY OF TRANSCRIPTS

I understand that such records may include:

- Personal and family (statistical information)
- Subject performance information
- Standardized test information
- Attendance information
- School enrollment information
- Physical health information and/or inventory

Signature of Applicant Date

Guardian Signature (If applicant is under 18 years of age)

Note to Registrar: If possible, please send this form or make a copy of it and attach it to the requested transcripts for our records.