

**Charlotte Technical Center**  
18150 Murdock Circle • Port Charlotte, FL 33948  
Phone (941) 255-7500 • Fax (941) 255-7511  
[www.CharlotteTechCenter.com](http://www.CharlotteTechCenter.com)



## PRACTICAL NURSING 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.