

South Texas Academy
of Medical Technology

CURRENTLY ENROLLED _____
(Grade)

GRADUATE _____
(Year graduated)

NON-GRADUATE _____
(Last Date of Attendance)

TRANSCRIPT RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. In order to comply with the law, student records MAY NOT be released to anyone without the consent of the Parent/Legal Guardian or if over 18 years of age, the individual. The academic record includes the following:

1. IDENTIFYING DATA
2. GRADES AND CREDITS EARNED
3. TEST RESULTS
4. CLASS RANK AND GRADE AVERAGE

NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

South Texas Academy of Medical Technology has permission to release information to educational institutions, scholarship programs, or other appropriate parties as designated by the student and/or the parent/legal guardian of the student when specifically requested and submitted through the completion of a Records Request Form.

Transcripts are to be requested in a timely manner. Please allow five working days for processing prior to the postmark date. If a letter of recommendation or counselor narrative is requested to accompany your transcript, you must submit your completed senior questionnaire and resume at least two weeks prior to the postmark date.

Student Signature

Date

Parent Signature (Required if student under 18)

Date