

TRANSCRIPT REQUEST FORM

(**Former** students only)

In order to provide a transcript or other school records to other schools, colleges/universities, prospective employers or diploma replacements, we are required to obtain your written consent **prior** to complying with such requests.

- **Official** copies must be sent with a *seal and stamp* directly from BCIT to all colleges, universities and employers.
- **Unofficial** copies can be sent to your home at your request.
(Please be aware that Transcripts cannot be emailed as grades can be changed)

Completed forms can be sent via email, fax or by regular mail:

- **Email:** AWilliams@burlcoschools.org
- **Fax:** 609-261-4070
- **Mail:** BCIT - Attn: Guidance Office 695 Woodlane Road, Westampton, NJ 08060

I hereby give consent to the Burlington County Institute of Technology to release a copy of the records of the following person:

Full Legal Name: _____

(Please PRINT) FIRST MIDDLE MAIDEN LAST

Date of Birth: ___/___/___ **Year of Graduation/Last Year attended:** _____

Phone number () _____ **Email:** _____

Graduated From: *High School* _____ *Adult School* _____ *Out-of District* _____

****For records to be sent to any college, university or employer their complete mailing address must be provided:***

Date ___/___/___ **Signature** _____

Parent's signature if under 18 yrs. of age or adult student 18 yrs. or older

****Please allow 2 weeks for this form to be processed****

FOR OFFICE USE ONLY

Received _____ *Sent* _____