



Upper Cape Cod Regional Technical School
Practical Nurse Program
220 Sandwich Road
Bourne, MA 02532

**UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
PRACTICAL NURSE PROGRAM
TRANSCRIPT REQUEST FORM**

This form must be filled in completely and returned to: ATTN: PN TRANSCRIPT REQUEST, Upper Cape Cod Regional Technical School, 220 Sandwich Road, Bourne, MA 02532.

Please be advised that we adhere strictly to FERPA regulations and therefore cannot release your transcript without your ORIGINAL SIGNATURE. If you chose to pick-up your transcript, you must present a photo ID.

(PLEASE PRINT CLEARLY)

YEAR OF GRADUATION: _____ - _____ - _____ / ____ / ____
Social Security Number Date of Birth

Last Name First Name (MI) Previous/Maiden Name

Street Address (Include apartment number, PO Box, etc) City/Town State and Zip

(_____) _____ - _____
(Area Code) (Home phone) Email address

(_____) _____ - _____
(Area Code) (Cell phone)

SIGNATURE: _____

In accordance with the FAMILY RIGHTS PRIVACY ACT of 1974. I authorize, with my signature, the release of my transcript to the parties listed below.

PLEASE LIST THE FULL NAMES AND ADDRESSES OF INSTITUTIONS AND/OR PERSONS TO WHOM YOU WOULD LIKE A TRANSCRIPT MAILED. TRANSCRIPTS WILL NOT BE FORWARDED IF ADDRESS IS INCOMPLETE. There is a \$2.00 charge for each official transcript.

There is a \$ 2.00 charge for EACH OFFICIAL TRANSCRIPT
Make check payable to: Upper Cape Cod Regional Technical School and return this form, with payment to:
PN Transcript Request, Upper Cape Cod Reg. Tech. School, 220 Sandwich Road, Bourne, MA 02532