



**TENNESSEE TECHNOLOGY CENTER AT JACKSON
REQUEST FOR RELEASE OF INFORMATION**

I, _____, give permission to the **Tennessee Technology Center at Jackson** to send/transfer a copy of my:

- _____ Official Copy of My GED Transcript (\$5.00 transcript fee required)
- _____ Official Copy of My Student Academic Transcript
(Please Allow 3 Week for This Transcript to Be Sent)
- _____ Official Copy of My NET Scores (\$5.00 transcript fee required)

TO: Name of Institution/Agency: _____
Attention: _____
Address: _____

PLEASE PRINT

Name By Which I Was Officially Enrolled:

Last	First	Middle	Maiden
------	-------	--------	--------

Current Name If Different From Above _____

Social Security Number _____

Date of Birth _____ Phone Number _____

Present Address:

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

Last date of enrollment _____

If applicable, **month** and **year** you passed the GED _____

SIGNATURE

DATE

Please fax this form to (731) 424-0807 or mail (with appropriate fee) to:
Tennessee Technology Center at Jackson
2468 Technology Center Drive
Jackson, TN 38301

Please Note: All requests may take at least a minimum of 2 business days to be processed

TRANSCRIPTS ARE NOT ISSUED UNTIL ALL OBLIGATIONS TO THE INSTITUTION ARE CLEARED