

Tennessee College of Applied Technology Jackson
REQUEST FOR RELEASE OF INFORMATION



I, _____, give permission to the **Tennessee College of Applied Technology Jackson** to send/transfer:

- _____ Official copy of Student Academic Transcript **Attn: Cassandra**
(Please Allow 3 Weeks for This Transcript to Be Sent)
- _____ Re-Issue a copy of a TCAT Certificate or Diploma **Attn: Cassandra**
- _____ Official copy HESI Scores (\$5.00 transcript fee required) **Attn: Jennifer**
- _____ Copy of CRC scores. **Attn: Jennifer**

TCAT JACKSON NO LONGER HAS ACCESS TO GED®/HISET® RESULTS! VISIT WWW.DIPLOMASENDER.COM TO OBTAIN THESE RECORDS.

PLEASE PRINT CLEARLY:

*I want my transcript/scores sent to:
(If you will be picking up, you may leave this section blank)*

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

Name by Which I Was Officially Enrolled:

Last	First	Middle	Maiden
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Current Name If Different From Above: _____

Social Security Number _____

Date of Birth _____ Phone Number _____

Present Address:

Street Address	City	State	Zip
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Last date of enrollment _____

Signature	Date
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Please fax this form to (731) 424-0807 or mail (with appropriate fee) to:

Tennessee College of Applied Technology Jackson
2468 Technology Center Drive
Jackson, TN 38301

NO CHECKS ACCEPTED!

Please Note: All requests may take at least a minimum of 5 business days, unless otherwise stated, to be processed and will not be issued until all obligations to the institution are cleared.