

**REQUEST FOR RELEASE OF INFORMATION**

**TENNESSEE TECHNOLOGY CENTER AT COVINGTON  
Office of Admissions and Records  
1600 Highway 51 South, Covington, TN 38019**

I, \_\_\_\_\_, give permission to the  
**Tennessee Technology Center at Covington** to send/transfer a copy of my:

- \_\_\_\_\_ Official Copy of My High School Transcript
- \_\_\_\_\_ Official Copy of My GED Scores  
(will only be mailed to a school, employer, or other agency)
- \_\_\_\_\_ Official Copy of My Student Transcript
- \_\_\_\_\_ Official Copy of My Student Records
- \_\_\_\_\_ Official Copy of My PNE Entrance Exam Scores

TO: Name of Institution/Agency: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT**

Name By Which I Was Officially Enrolled:

\_\_\_\_\_

Last	First	Middle	Maiden
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Current Name If Different From Above \_\_\_\_\_

Social Security Number(only the last 4 digits) XXX-XX-\_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address:

\_\_\_\_\_

Street Address	City	State	Zip
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Last date of enrollment \_\_\_\_\_

If applicable, month and year you passed the GED or NET \_\_\_\_\_

\_\_\_\_\_  
Signed Date

**TTCCrofinfo  
07/2002**

Please fax this form to (901) 475-2528 or mail to P.O. Box 249, Covington, TN 38019  
Please Note: This will take at least a minimum of 2 business days to be processed