

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY--HOHENWALD

813 West Main Street
Hohenwald, TN 38462
931-796-5351 phone
931-796-5808 fax

REQUEST FOR INFORMATION RELEASE CONSENT FORM

I the undersigned present or former student, consent to the release of the information as identified below.

Print Name: _____ SS# _____

Print name as it appears on requested information if different from above:

Phone Number: _____

Approximate date of attendance or test: _____

Compass or WorkKeys Scores

Academic Transcript _____ (Program Attended)

Financial Transcript

Other _____

Cosmetology Certificate of Withdrawal (for Cosmetology School Transfer of hours)

Please release my information to the following: (Please include full mailing address and faxnumber)

Student Signature: _____ Date: _____

To be completed by office staff only:

GED request filled _____ Compass/WorkKeys request filled _____ Transcript request filled _____

This request may take 3 to 5 working days to be prepared