

# McFATTER TECHNICAL CENTER

6500 Nova Drive • Davie, FL 33317

## RELEASE OF RECORDS

Name of Student \_\_\_\_\_

Program \_\_\_\_\_

(PLEASE CHECK)

Documents Requested: \_\_\_\_\_ Transcript \_\_\_\_\_ Drugscreen \_\_\_\_\_ Background Check \_\_\_\_\_ Physical / Immunization \_\_\_\_\_ TABE Scores

\_\_\_\_\_ Letter of Enrollment \_\_\_\_\_ Letter / Other (Indicate purpose) \_\_\_\_\_

\_\_\_\_\_ Duplicate Certificate (Indicate title) \_\_\_\_\_ Other \_\_\_\_\_

Release Records to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person / Department (If needed) \_\_\_\_\_

Signature of Student / Parent if under 18 \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Release Processed By \_\_\_\_\_

Release Date \_\_\_\_\_

Accredited by the Accrediting Commission of the Council on Occupational  
Education and Southern Association of Colleges and Schools  
4/07

WHITE: File

YELLOW: Student

**Broward County Public Schools**  
Equal Opportunity Employer, Using Affirmative Action Guidelines

