

TRANSCRIPT REQUEST FORM

The Registrar's Office will mail the transcript within two (2) business days of receipt of this request.

Select Transcript Type: Official Transcript Unofficial Transcript

Quantity Requested: _____

TRANSCRIPT REQUESTOR

Student Name (as it appears on your record): _____

Student ID#: _____ OR Social Security Number: X X X - X X - _____ OR DOB: _____

Current Mailing Address: _____

City/State/ZIP: _____

Daytime Phone Number: _____

Email Address: _____

TRANSCRIPT RECIPIENT

Name of Recipient: _____

Name of Organization: _____

Office: _____

Street Address: _____

City, State, Zip: _____

Mailing Timeline: Send at the end of the current semester to include my most recent grade(s)

Send after degree is conferred

Send immediately

Option for non-returning students only: If you are no longer an active student at Pennsylvania Highlands Community College please check the box to the left if you would like the address you have listed on this form to be the new permanent address in our records.

Student's Signature: _____

Date: _____

RETURN THIS FORM TO THE REGISTRAR'S OFFICE
Requests may also be faxed to (814) 269-3008
Or email: registrar@pennhighlands.edu

OFFICE USE ONLY

Registrar's Office	
Received by: _____	Date: _____
Signature Checked by: _____	
Sent by: _____	Date: _____