

## **TRANSCRIPT REQUEST FORM**

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

Quantity Requested: \_\_\_\_\_

## **TRANSCRIPT REQUESTOR**

Student Name (as it ap	pears on your record):	
Student ID#:	OR Social Security Number: X X X – X X –	OR DOB:
Current Mailing Addres	s:	
City/State/Zip:		
Daytime Phone Numbe	r:	
Email Address:		
TRANSCRIPT REG		
Name of Recipient: (Ex. Advisor's Name)		
Name of Organization: (School or Business)		
Office: (Ex: Admissions Office) Street Address:		
City, State, Zip Code:		
Send	copy to Student at Current Mailing Address	
Mailing Timeline:	☐ Send immediately	
	Send at the end of the current semester to include my most recent grade(s)	
	Send after my degree is conferred	
	<b>n-returning students only:</b> If you are no longer an active stude ege please check the box to the left if you would like the address y dress 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 emailed to: registrar@pennhighlands.edu	•
	OFFICE USE ONLY	
	Registrar's Office	

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_