REGISTRAR'S OFFICE
101 Community College Way
Johnstown, PA 15904

TRANSCRIPT REQUEST FORM

The Registrar's Office will mail the transcript within two (2) business days of receipt of this form pending clearance from the Bursar's Office.

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 – ___ ___ ___ ___

Current Mailing Address: _____

City/State/ZIP: _____

Daytime Phone Number: _____

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 grades
☐ 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 emailed Registrar@pennhighlands.edu

OFFICE USE ONLY

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