

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 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: _____
(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

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 to: registrar@pennhighlands.edu

OFFICE USE ONLY

Registrar's Office
Processed By: _____ Date: _____