

# 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 – \_\_\_\_\_ OR DOB: \_\_\_\_\_

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 grade

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**

<p><b>Bursar's Office</b> Received by: _____ Date: _____ Stmnt Sent: _____</p>	<p><b>Registrar's Office</b> Received by: _____ Date: _____ Signature Checked by: _____ Sent by: _____ Date: _____</p>
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