

**Pennsylvania College of Health Sciences
Attn: Transcripts
850 Greenfield Rd
Lancaster, PA 17601**

TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA) requires that **all transcript requests be in writing, signed and dated by the person to whom the record belongs.** Telephone, faxed, scanned and email requests WILL NOT be accepted. You can assist us in giving speedy accurate service by providing complete information.

To obtain a transcript, fill out transcript form below.

After completing request in its entirety, send it to the above address. Please complete one form per Transcript request.

There is a \$5.00 processing fee for all official transcripts. There is no fee for unofficial transcripts. Official transcript fee payment will be accepted in the form of check or money order. Checks should be made payable to PA College.

We are unable to fax or email transcripts, official or unofficial.

Please Note: College policy prohibits issuing transcripts to any student who is indebted to the College. The issuance of partial transcripts is strictly prohibited.

CASH IS NOT ACCEPTED!

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TRANSCRIPT REQUEST FORM

Student ID # or Social Security # _____ Last Name _____ MI _____ First Name _____
(Required)

Name under which you attended, if different from above. _____

Your contact number: (____) _____ E-mail address _____
Area code

Name of Program _____

Check One

____ Alumni Year of Graduation _____

____ Withdrawn Student Dates of Attendance _____

Check one or both

____ Official Transcript (\$5.00 fee)

____ Unofficial Transcript

SEND TO:

Enter Address below:

or

CHECK here to PICK UP: _____

(email sent to above address when ready for pick up)

NAME: _____

ADDRESS: _____

Sample Address Format: College America
Attn: Mr/Mrs/Dept
123 Anywhere Road
Anywhere, USA 12345

Please sign here for release of transcripts _____ Date _____

OFFICE USE ONLY

Pd \$ _____ Date _____

Initials _____