



GREATER ALTOONA CAREER & TECHNOLOGY CENTER

TRANSCRIPT REQUEST/RECORDS RELEASE FORM

Practical Nursing Program

Date of Request: _____

Name: _____

Former Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Dates of Attendance: _____

Current Mailing Address: _____

Transcript Request

Official (with school seal) Unofficial (without seal)

Mail Official Transcript(s) to: _____

Mail Unofficial Transcript(s) to: _____

If more than one transcript: Separate Envelopes Yes: No:

Records Release other than transcript (specify type)

Mail Record(s) to: _____

Fax Record(s) to: _____

Signature: Allow 5 days for records to be processed

\$5.00 Per Transcript \$5.00 Per Records Release

For Business Use Only: Date Request Received: Date Request Completed: