



Lancaster General College of Nursing & Health Sciences

ACADEMIC TRANSCRIPT REQUEST

Please submit to your High School Guidance Office and/or College Registrar's Office.

Important: This form is provided to assist the student in requesting official transcripts. The student is solely responsible for requesting all high school and college/university transcripts from previously attended institutions.

ATTENTION STUDENT:

1. You, the student, are responsible for completing and mailing a copy of this Academic Transcript Request Form to each high school and or college/university from which you have received prior academic credit.
Make copies of this form for your use.
2. Many colleges charge a fee for transcript requests. Check with the college first, and then attach the appropriate fee with this form (if needed).
3. Sign and date the bottom of this form.
4. Send a copy of your signed form to your prior high schools and colleges/universities.

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

High School Name: _____

High School Graduation Date: _____

If you have completed coursework beyond high school, please complete the following:

Post-secondary institution name: _____

Dates attended: From: _____ / _____ / _____ To: _____ / _____ / _____

Degree earned: _____

Post-secondary institution name: _____

Dates attended: From: _____ / _____ / _____ To: _____ / _____ / _____

Degree earned: _____

Dear Counselor/Registrar,

At your earliest convenience, please forward an official transcript of my records to:

**Lancaster General College of Nursing & Health Sciences
Office of Admissions
410 North Lime Street
Lancaster, PA 17602**

Included is my transcript fee of \$ _____ (many colleges charge a fee for this service).
Contact the institution for information on fees.

Signature of Student: _____ Date: _____