

LANCASTER GENERAL COLLEGE OF NURSING AND HEALTH SCIENCES

HOW TO ORDER A TRANSCRIPT

Registrar
410 North Lime Street
Lancaster, Pennsylvania 17602
717 544-5373

Keep for Future Reference – Copy Appropriate Request Form and Use to Order Transcripts

The Family Educational Rights and Privacy Act of 1974 (F.E.R.P.A.) 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, send a written request that includes the following:

- ◆ **FULL NAME** as it appears on your record. Please include your maiden name, if married, or any other name used while enrolled at the College
- ◆ **STUDENT I.D. NUMBER** (Social Security Number)
- ◆ **DATES OF ATTENDANCE**
- ◆ **NAME OF INSTITUTE and ADDRESS** to which the transcript is to be mailed
- ◆ Your **RETURN ADDRESS**
- ◆ **PROGRAM** attended
- ◆ **YOUR SIGNATURE AND DATE**

After completing request in its entirety, send it to the above address

There is a \$5.00 processing fee for all official transcripts (current students may receive 1 free official transcript per semester). There is no fee for unofficial transcripts. Official transcript fee payment will accepted in the form of check, money order or cash. Checks should be made payable to Lancaster General College.

We are unable to fax 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.

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TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY

Incomplete information may result in processing delays

No partial transcripts issued. College policy prohibits issuing transcript(s) to any student indebted to the College. Transcripts will not be released to/for anyone except the student, unless appropriately requested in writing by the student.

Student SSN: _____ Date of Birth: _____

Name: _____
Current Last First Middle Any other name(s) used

Current Mailing Address: Street: _____

PO Box/Apt #/Lot #: _____

City: _____ State: _____ Zip: _____

TYPE OF TRANSCRIPT REQUESTED: [] OFFICIAL (\$5 each) [] UNOFFICIAL

COURSE OF STUDY:

- [] NURSING [] CARDIOVASCULAR INVASIVE SPECIALTY
- [] RADIOGRAPHY [] DIAGNOSTIC MEDICAL SONOGRAPHY
- [] SURGICAL TECHNOLOGY [] CLINICAL LABORATORY SCIENCE
- [] RESPIRATORY CARE [] NUCLEAR MEDICINE TECHNOLOGY
- [] GENERAL EDUCATION [] CARDIAC ELECTROPHYSIOLOGY
- [] BSN [] BSHS [] BSHA

CHECK ONE: [] CURRENT STUDENT
[] ALUMNI Year of Graduation _____
[] WITHDRAWN STUDENT Dates of Attendance _____ to _____

SEND TRANSCRIPTS TO: (For multiple requests, please use back of form). Applicant is responsible for current mailing address.

Complete Name of Institution: _____

Name of Person/Office: _____

Street City State Zip Code

[] Check if transcript is to be mailed to student's home address.

Student's Signature Date

OFFICE USE ONLY

DATE SENT _____ BY _____