



LenapeTech
Education at Work

LENAPE TECHNICAL SCHOOL PRACTICAL NURSING PROGRAM

104 Armstrong Street, Suite B
Ford City, PA 16226

Phone: 724-763-1311

Fax: 724-763-1322

OFFICIAL TRANSCRIPT REQUEST

Regular processing can take approximately 5-7 business days from the day the request is received.

This form may be submitted in person or by email, fax or mail.

Please be sure that writing is legible when completing this form.

REQUESTOR INFORMATION

DATE OF REQUEST: _____

Requestors Full Name: _____

Contact Number: _____

STUDENT INFORMATION

Students Full Name while attending the program (include middle name): _____

Last four of SSN: ____ ____ ____ ____

Did you attend the program at the Ford City Site or New Castle Site: _____

Did you attend the program full-time or part-time: _____

Program Date of Attendance (month & year): _____ to _____

Program Graduation Date (month & year): _____

TRANSCRIPT INFORMATION

Number of Official Transcripts Requesting: _____

Number of Unofficial Transcripts Requesting: _____

PLEASE SEND TRANSCRIPTS TO (USE ADDITIONAL SHEET(S) IF NECESSARY):

Transcripts can be emailed; however, they are marked as Unofficial Transcript.

If you are requesting a transcript to be sent to yourself, it will be marked as Unofficial Transcript.

(Please include Business/School Name, Street Address, City, State & Zip Code)

SIGNATURE OF REQUESTOR _____ **DATE** _____

FOR OFFICE USE ONLY

Date Request Rec: _____ Date Request Sent: _____ Initials of Sender: _____