

EASTERN CENTER FOR ARTS AND TECHNOLOGY

Practical Nursing / Attention: Kristin Waldner

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Transcript Request Form

Transcripts can only be released by the student completing this form and payment. Transcripts will be mailed to the address indicated on this form. Transcripts for pick up will only be held for 2 weeks. Transcripts will not be sent by fax and will only be sent by email upon request. Please allow 7-10 business days for processing.

Complete all the information below and indicate the processing fee. **Transcripts are \$10.00 each.**

REQUESTER

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SSN# _____ Graduation: Month/Year or Class# _____

Please send the transcript(s) to the address below. (If different from address above.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please send the transcript(s) to the address below. (If different from address above.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address to be sent to: _____

PAYMENT: \$10.00 for each transcript

Please put an X here for PICK UP: _____

Money orders payable to: Eastern Center for Arts and Technology

Amount: \$ _____ Cash _____ Money Order _____

of Transcripts requested _____ # of OFFICIAL _____ # of UNOFFICIAL _____

SIGNATURE

Form must be signed and dated by the student for transcripts to be released.

Signature: _____

Date: _____