



PRACTICAL NURSING PROGRAM

CAREER TECHNOLOGY CENTER OF LACKAWANNA COUNTY

Accredited by ACEN

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Scranton, PA 18508
570.346.8728
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800.834.7272
www.ctclc.edu

TRANSCRIPT REQUEST

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. Submit to Molivetti@ctclc.edu

Transcripts are \$10.00 each.

REQUESTER

Last Name: _____ First Name: _____

Last Name during CTCLC Practical Nursing enrollment _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email _____ SSN# _____

Graduation: Month/Year or Class# _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address to be sent to: _____

PAYMENT: \$10.00 for each transcript

Please check here for PICK UP: ☐

Check/Money orders payable to: Career Technology Center of Lackawanna County, PN

Amount: \$ _____

Cash: ☐ Check: ☐ Money Order: ☐ # of Transcripts requested: _____

Number of OFFICIAL: _____ Number of UNOFFICIAL: _____

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

Signature: _____ Date: _____