



Transcript Request Form

Please Print Clearly

Mail to: Eastern Center for Arts & Tech-PN
Practical Nursing Program-K. Waldner
3075 Terwood Road
Willow Grove, PA 19090
Phone (215) 784-4800 ext. 452

Fax to: (215) 784-4829

Email: **PDF copy** of signed form to kwaldner@eastech.org

PERSONAL INFORMATION

☐ Current Student

☐ Former Student

Last Name _____ First Name _____ Middle Name _____ Maiden/Former Name _____

Last 4 of Social Security # _____ Date of Birth _____

Please List Class #: _____ Graduation Year _____

Street or PO Box _____

City _____ State _____ Zip _____

Email Address _____

Phone Number (_____) _____

TRANSCRIPT INFORMATION SELECT One: ☐ Official Transcript ☐ Unofficial Transcript (no college seal)

Delivery Options for transcript:

1. Pick-Up by Date: _____ (Pick-up times are Monday-Friday: 9AM - 3 PM)

2. Please email my transcript to this email address: _____

OR

3. Please mail my transcript to the address below:

Recipient / Institution Name _____
Individual / Department Name _____
Street or PO Box _____
City _____
State _____
Zip _____

PAYMENT INFORMATION

*Acceptable payments are either CASH or MONEY ORDER ONLY; we cannot accept a credit/debit card payment.

**Money orders can be made payable to Easter Center for Arts and Technology.

***Each transcript, whether Official or Unofficial are \$10.00 per each transcript.

of Transcripts Requested _____ # of OFFICIAL _____ # of UNOFFICIAL _____

AMOUNT Enclosed \$ _____ CASH _____ MONEY ORDER _____

Signature: _____ Date: _____
(form must be signed & dated by the student for transcripts to be released.)

Note: All financial obligations to the College must be satisfied before transcripts can be released. A separate form is required for each Recipient or Institution. Transcripts are processed during normal business hours within two business days.