LENAPE TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM
104 Armstrong Street, Suite B
Ford City, PA 16226
Phone: 724-763-1311
Fax: 724-763-1322
www.lenapepnp.com

LPN 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 to the LPN Program Secretary, fax or mail.

REQUESTOR INFORMATION

Date of Request: _____

Requestor's Full Name: _____ *Contact Number*: _____

STUDENT INFORMATION

Student's Full Name while attending the program (including middle name): _____

Last four of SSN: ____ ____ ____ ____

Did you attend the program at the Ford City Site, Kittanning 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

***Official Transcript*:** A transcript issued by the school as an official academic record. Official transcripts may be provided in a sealed envelope or sent electronically by the school as a confidential email with a read receipt.
***Unofficial Transcript*:** A copy provided for personal or informational purposes and may be sent directly to the student or another designated recipient. Will be stamped as UNOFFICIAL TRANSCRIPT.

OFFICIAL TRANSCRIPT

BUSINESS OR SCHOOL NAME	*STREET ADDRESS*	*CITY*	*STATE*	*ZIP CODE*	*EMAIL ADDRESS*

UNOFFICIAL TRANSCRIPTS

If you are requesting a transcript to be sent to yourself, it will be stamped as UNOFFICIAL TRANSCRIPT.

RECIPIENT, BUSINESS, SCHOOL, ORGANIZATION NAME	*STREET ADDRESS*	*CITY*	*STATE*	*ZIP CODE*	*EMAIL ADDRESS*

Use additional sheets if needed.

SIGNATURE OF REQUESTOR _____ **DATE** _____