



LENAPE TECHNICAL SCHOOL

Lenape Practical Nursing Program
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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.

REQUESTOR INFORMATION

(Please be sure writing is eligible)

DATE OF REQUEST: _____

Requestors Full Name: _____

Contact Number: _____

STUDENT INFORMATION

(Please be sure writing is eligible)

Students Full Name (please include middle name): _____

Other names used (maiden, etc.): _____

Last four of SSN: ____ _

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

Program Graduation Date (month & year): _____

OFFICIAL TRANSCRIPT INFORMATION

(Please be sure writing is eligible)

Number of Official Transcripts Requesting: _____

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

Transcripts can be emailed; however, they are 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: _____