

TRANSCRIPT REQUEST

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET		SOC. SEC. NO.		
CITY		STATE	ZIP CODE	
OTHER NAME OR MAIDEN NAME USED AT YCP				
CURRENTLY ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST DATE OF ATTENDANCE MO. DAY YR.		
PLEASE CHECK ONE: <input type="checkbox"/> SEND TRANSCRIPT IMMEDIATELY <input type="checkbox"/> HOLD UNTIL SEMESTER GRADES ARE POSTED <input type="checkbox"/> HOLD UNTIL DEGREE NOTE POSTED			NUMBER OF COPIES TO BE MAILED TO ADDRESS LISTED _____	

TRANSCRIPT REGULATIONS

1. The fee for a transcript is \$5.00 per copy. (*Cash, check or money order only.*)
2. Transcripts may **not** be faxed.
3. Only a student copy will be issued directly to students, unless an official sealed copy is specifically requested.
4. All financial obligations to the College must be cleared before transcript request bill be honored.
5. Transcript requests will be processed as quickly as possible. Please allow extra time at peak periods (end of semester, commencement, etc.)

I AUTHORIZE YORK COLLEGE OF PA TO RELEASE MY TRANSCRIPT TO THE ADDRESSEE LISTED BELOW.

SIGNATURE _____

PLEASE PRINT CLEARLY IN THE BOX BELOW THE **EXACT** MAILING ADDRESS TO WHICH TRANSCRIPT IS TO BE SENT. THIS WILL BE USED IN A WINDOW ENVELOPE.

RECORDS OFFICE USE ONLY

DATE REQUEST RECEIVED
AMOUNT PAID
DATE TRANSCRIPT MAILED
INITIALS OF SENDER

Mail completed form to: **Records Office, York College of Pennsylvania, York, PA 17405-7199**