

Conemaugh School of Nursing & Allied Health Programs Transcript Request

To request a transcript, please complete the information below. All official transcripts are mailed using first class mail because the School's Seal cannot be affixed to a fax or electronic copy. (Please allow time for standard mail delivery). Unofficial transcripts may be faxed or emailed. During the academic year the transcript requests are processed within 1-2 days of receipt of your request. There is no fee to process Official and Unofficial Transcripts.

Number of
_____ Transcripts Requested

☐ Official Transcript
Requested

☐ Unofficial Transcript
Requested

Select Program of Study:

☐ School of Nursing

☐ School of EMS

☐ School of Histotechnology

☐ School of Medical
Laboratory Science

☐ School of
Radiologic Technology

☐ School of
Surgical Technology

Current Name: _____

Name under which you attended the program: _____

Year of graduation/attendance: _____

Phone: _____

Email: _____

Complete name and address of where the transcript is to be mailed, faxed or emailed:

Signature: _____

By signing this form, I attest that I am the graduate of the above program and that I am personally requesting the release of my transcript.

Return this form to:

Conemaugh School of Nursing & Allied Health Programs

Attn: Transcript Request

1086 Franklin Street

Johnstown, PA 15905-4398