

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 five business days of receipt of your request. There is no fee to process Official and Unofficial Transcripts.

Number ofTranscripts 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	d the program:	
Year of graduation/attendance:		
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Complete name and address of	where the transcript is to be ma	iled:

Return this form to:

Conemaugh School of Nursing & Allied Health Programs

Attn: Transcript Request 1086 Franklin Street Johnstown, PA 15905-4398