



— THE —
ACADEMY

Mifflin County Academy of Science & Technology

Practical Nursing Program

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TRANSCRIPT REQUEST

Please complete this form to request a copy of your transcript from the Practical Nursing Program.

I request that an official copy of my transcript be mailed to: (include street address)

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Address

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State

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First Middle Maiden Last

Other Names Known As: _____

Complete Address: _____

City

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Email Address for Confirmation: _____

Date of Birth: _____

Social Security Number: _____

Dates Enrolled in Program: _____

Signature

Date

**** There is a fee of \$2.00 for each transcript (official or unofficial). Fee must be paid prior to transcript being mailed. Transcript(s) will be mailed within 2 weeks after receiving completed request form and \$2.00 fee for each transcript. Incomplete transcript requests will not be fulfilled. Make checks payable to MJCTC.**