



Mifflin County Academy of Science & Technology

Practical Nursing Program

700 Pitt Street, Lewistown, PA 17044

Phone: (717) 447-0394

Fax: (717) 248-5148

www.theacademypn.net

HIGH SCHOOL TRANSCRIPT REQUEST

Dear Prospective Nursing Student,

Please submit this form to your High School Guidance office**. There may be a slight charge for this service. The transcript must be mailed or delivered directly to our school in a sealed envelope in order to be considered an "Official Transcript".

I request that an official copy of my high school transcript be mailed to:

Attn: Admissions Counselor
Mifflin County Academy of Science & Technology
Practical Nursing Program
700 Pitt Street
Lewistown PA 17044

Name of Applicant: _____
First Middle Maiden Last

Date of Birth: _____

Graduation Date: _____

Name of High School: _____

Date of deadline for my application: _____

Signature

Date

**If you are a graduate of either Lewistown High School or Indian Valley High School, you must submit this request at either of those buildings in order to obtain your transcript.