

**MIFFLIN-JUNIATA CAREER AND TECHNOLOGY CENTER
PRACTICAL NURSING PROGRAM**

"Preparing Nurses for the Future of Healthcare"

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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)

Name of Institution

Attention

Address

City

State

Zip Code

Name of Requester: _____

First

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Last

Other Names Known As: _____

Complete Address: _____

City

State

Zip code

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.