



OFFICIAL TRANSCRIPT REQUEST / RECORD RELEASE FORM

Name: _____ Card# or last 4# of SS#: _____

DOB: _____ Phone: _____ Email: _____

Mailing Address: _____

City _____ State _____ Zip _____

Student Signature: _____ Date: _____

Number of transcripts requested: _____

Additional Records requested: _____

Record Delivery Method: _____ Student Pickup* (Date you would like to pick up): _____
_____ Mail (to address listed below)
_____ Mail to student at address listed above

MAIL RECORDS TO:

Name/Institution: _____

Attn: _____

Street (PO Box) _____

City _____ State _____ Zip _____

Please provide additional addresses on a separate sheet of paper

**** MAIL this request to: York Electrical Institute, 555 Willow Springs Lane, York, PA 17406**