Pennsylvania College of Technology
A Penn State Affiliate

Williamsport Area Community College/
Williamsport Technical Institute

Transcript Request

Submit this form in person or by mail or fax to: Registrar’s Office - DIF 114
Student & Administrative Services Center, Room 1020
Pennsylvania College of Technology
One College Avenue • Williamsport, PA 17701-5799
Fax: 570.321.5536

Social Security number*
____________________________________________________________________________________________
*The Registrar’s Office requires your Social Security number for the purpose of verifying your identity with official educational records. If you do not provide your Social Security number, the College cannot guarantee the authenticity of your transcript. The College will not disclose Social Security
numbers to anyone outside of the College without an individual’s consent except as mandated by law.

Student’s name ______________________________________________________________ Date requested ______________________

Current address ______________________________________________________________________________________________________
Street / Box number / Apartment
____________________________________________________________________________________________________________________________________
City State ZIP code

Phone number (             )  __________________________________ Email address ____________________________________________

Date of birth ______________________ Dates attended ___________________________________________________________________

Name while attending, if different than above __________________________________________________________________________

PLEASE READ CAREFULLY
• Official transcripts will NOT be faxed to any recipients.
• Transcripts will NOT be emailed.
• Transcripts will NOT be issued if there is a hold on the student’s grades.
• Request are processed daily; however, during peak periods it may take 48-72 hours to process your request.

Which type of transcript do you need?

☐ Unofficial
☐ Official (Official transcripts cannot be faxed)

How many transcripts would you like? ________
If you are requesting that transcripts be sent to more than one address/fax, please complete a separate Transcript Request form for each address/fax.

Select one or more delivery options:

☐ Pick up, Registrar’s Office, Student & Administrative Services Center, Room 1020
☐ Faxed to: (             )  _______________________________ (Official transcripts cannot be faxed)
☐ Mailed to:
Name ______________________________________________________________________________________________________
Address ______________________________________________________________________________________________________
____________________________________________________________________________________________________
City State ZIP code

Student signature authorizing the issuance of the transcript __________________________________________________________________________

DO NOT PRINT