



TRANSCRIPT REQUEST

Please enter school names where appropriate:

High School _____
Name City/State Year Graduated

GED _____
State Issuing Certificate Year Awarded

Post-secondary _____
Name City/State Year

Post-secondary _____
Name City/State Year

Post-secondary _____
Name City/State Year

I hereby request a copy of my official transcript.

Admissions Representative
Consolidated School of Business
1605 Clugston Road
York, PA 17404
717.764.9550
fax 717.764.9469

Current Name _____
Last First Middle Maiden

Address _____
Street Apt. No.

City State ZIP

Social Security Number _____ - _____ - _____ **Date of Birth** ____/____/____

Signature _____ **Date** _____

PLEASE SEND AN OFFICIAL TRANSCRIPT

If for any reason this request cannot be processed, please check the box and return this request via fax to the school indicated above. Thank you.