



**YORK**  
COLLEGE

SINCE 1890

## TRANSCRIPT REQUEST FORM

Having applied for admission to York College, I request that a copy of my official transcript be mailed to the York College Admissions Office. If applicable, please include my graduation date.

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Year of Grad:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_