

TRANSCRIPT REQUEST FORM
(Allow seven to ten business days for processing)

Required Information:

Name: _____

Graduate: [] Non-Graduate: [] Date of Birth: _____

Year(s) Attended: _____ Last Four of SS# _____

What name did you have when you attended: _____

Program: () Nursing () Radiography () Sonography

Your email address: _____ Telephone number _____

Transcript cost per transcript is \$10.00.

Pay for an OFFICIAL transcript through Student Portal– available to current students and recent graduates:- www.jfkmuhlenbergschools.org , select Student Portal.

Pay for an OFFICIAL transcript without a Student Portal account – available to any former student: Students who attended JFK Muhlenberg Snyder Schools prior to Fall 2019 must call the Bursar Office to pay for the transcript, 908-668-2404.

Submit Transcript Request Form to kianna.spaulding@hmhn.org

Send to: (Print name and address of the recipient)

1. _____

2. _____

3. _____

Must Sign and date

Signature: _____

Date: _____