

**SCHUYLKILL TECHNOLOGY CENTER**  
**Practical Nursing Program**  
101 Technology Drive, Frackville, PA 17931  
(570) 874-1034 or Fax (570) 874-4028

**Request for Secondary Education  
(High School) Transcript**

I am requesting an **Official Transcript**. Since this transcript is for educational purposes, please forward to:

**Schuykill Technology Center~North Campus**  
**Practical Nursing Program**  
**101 Technology Drive**  
**Frackville, PA 17931**  
**570-874-1034, Extension 4881**

My signature below authorizes you to send my transcripts.

**Please print the following information:**

Name: \_\_\_\_\_

Other Name (if applicable): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Signature: \_\_\_\_\_

Submit this form to your high school guidance counselor or principal. Most institutions require a fee for processing transcripts. It is your responsibility to contact the high school to determine the institutional policy and remit the proper amount with this request.