St Luke's SCHOOL OF NURSING

St. Luke's School of Nursing

Transcript Request Form

STUDENT INFORMATION

First Name | Middle Name | Last Name | Previous Name(s)

Current Address | City | State | Zip

Last 4 of SS# | Date of Birth | Mobile Number

SON Graduate? ☐ Yes ☐ No

Current Email | Dates of Attendance

SEND TRANSCRIPT TO

Institution Name | Attention

Address

City | State | Zip Code

Fax Number *(Unofficial Transcript Only)* | Email *(Unofficial Transcript Only)* | No. of Copies Requested

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Please check with the institution whether they want the transcript mailed, faxed, or emailed. Faxed and emailed transcripts are unofficial, but some institutions accept it. SON will fax or email the transcript and send a paper copy if the institution requests that. Please allow 2-3 business days for processing time. Requests will not be honored if there are financial or other outstanding obligations to SON. Include the **$5.00 fee** and send to:

St. Luke's School of Nursing
Registrar Office
915 Ostrum Street, Bethlehem, PA 18015

Phone: 484-526-3439
Fax: 484-526-3412
Email: SON.Registrar@sluhn.org

☐ **Cash** ☐ **Check** ☐ **Credit Card** ☐ **CC Pay by Phone: call Registrar's Office at 484-526-3439**

Type of Credit Card: ***please (√) one:*** ☐ **Visa** ☐ **MC** ☐ **Discover** ☐ **AMEX**

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AUTHORIZATION (*Required for Release of Records*)

I understand the completion of this form with my signature will allow St. Luke's School of Nursing to release my transcript.

Student Signature: _____ **Date:** _____