

UPMC Shadyside

School of Nursing

5230 Centre Avenue
Pittsburgh, PA 15232
412-623-2950
Fax: 412-623-4854

HIGH SCHOOL TRANSCRIPT REQUEST FORM

To: Registrar

_____ has applied for admission to the RN diploma program at UPMC Shadyside School of Nursing.

Name of Applicant (at time of graduation)

Year Graduated

SSN

Date of Birth

AUTHORIZATION:

I, the applicant, give permission for release of my transcript to the name and address listed below:

Signature

Date

Please send an official copy of the requestor's transcript to:

UPMC Shadyside School of Nursing
Attention: Admissions Office
5230 Centre Avenue
Pittsburgh, PA 15232

The official transcript should be signed and dated, with the school's seal affixed, and include all courses and grades for grade levels nine through twelve. Please also include an explanation of the grading system if available.

Requestor is responsible for any fees associated with release of official transcripts.