

UPMC SCHOOLS OF NURSING TRANSCRIPT REQUEST FORM

TO: REGISTRAR

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

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

Signature: _____

Date: _____

the School(s) of Nursing checked below:

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

Mercy Hospital School of Nursing

1401 Blvd of the Allies
Pittsburgh, PA 15219

St. Margaret School of Nursing

Seventh Street Commons Building
221 Seventh St.
Pittsburgh, PA 15238

UPMC Shadyside School of Nursing

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.
Please also include an explanation of the grading system if available.

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

(Please make as many copies as needed of this form)
