



# Authorization To Release School Records

### TRANSCRIPT REGULATIONS

1. The fee for transcripts is **\$5.00** per copy.
2. All financial obligations to the college must be met before transcript requests will be honored.
3. Transcript requests will be processed as quickly as possible. Please allow two weeks. Extra time is required at peak periods (beginning and end of semesters, commencement, etc.).
4. Requests missing a signature will not be honored.

(PLEASE PRINT)

Last Name	First	Initial	Maiden
Current Address: Street	City	State	Zip Code
( ) - Phone#	/ / Social Security #	/	Year/Major

I authorize **Pennsylvania College of Art & Design** to release my academic records to the institution(s) listed below.

Office/Individual \_\_\_\_\_  
 Name of Institution \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Office/Individual \_\_\_\_\_  
 Name of Institution \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Mail request and cash, check or money order to:**  
**Registrar**  
**Pennsylvania College of Art & Design**  
**204 N. Prince St. PO Box 59 Lancaster,**  
**PA 17608-0059**

**If you would like to pay by credit card:**  
 Credit Card Type: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Cardholder's address (if different): \_\_\_\_\_  
 Cardholder's email: \_\_\_\_\_  
 Signature: \_\_\_\_\_