



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	
Current Email	Dates of Attendance	SON Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SEND TRANSCRIPT TO**

Institution Name	Attention	
Address		
City	State Zip Code	
Fax Number ( <i>Unofficial Transcript Only</i> )	Email ( <i>Unofficial Transcript Only</i> )	No. of Copies Requested

**TRANSCRIPT FEE & PAYMENT OPTIONS**

Please check with the institution whether they want the transcript mailed, faxed, or emailed. Faxed and emailed transcripts are unofficial, but some institutions allow it to save time. 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 (v) one:*     Visa     MC     Discover     AMEX

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Month/Year: \_\_\_\_\_ Security Number: \_\_\_\_\_

**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: \_\_\_\_\_