



TRANSCRIPT REQUEST

******All requests will be processed within 14 days of receipt******

Please fill out the following form and scan/email, fax or mail to:

Julia Porter- Registrar

YTI Career Institute - 52-6 Grumbacher Road – York PA 17406

Fax: 717-767-0303 Email: Transcripts@yti.edu

Student Name (name while in attendance): _____

Student SSN: _____

Contact Telephone Number: _____

Date of Request: _____

Reason for Request: _____

(e.g.: Employment, education)

Student Program: _____

Status: (Please select one) Graduate Withdrawal

Select School: YTI Career Institute: _____ CLN: _____ YBI: _____

Year Graduated or Withdrew: _____

Please send transcripts to the address below:

Student Signature: _____