



## 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:*

**Sarah Levy- Registrar**

**YTI Career Institute - 1405 Williams Road – York PA 17402**

**Fax: 860-371-2335 Email: [Transcripts@yti.edu](mailto: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: \_\_\_\_\_