

Peter Hyland Learning Program Transcript Request Form

Date: _____

Student ID# _____

Name: _____

Student Birthday: _____

Phone: _____

Last Year Completed: _____

_____ I will pick up _____ of transcript(s) in the office.

_____ I want _____ of transcripts mailed to:

Name of Institution: _____

Address: _____

- If mailing to more than one institution, you must fill out a form for each school.
- Transcript requests will be processed within 48 hours
- Person requesting transcript must bring identification

I authorize Peter Hyland Learning Program to send my transcript and any test scores to the institution listed above:

Student Signature if 18 or Parent Signature