



**UPGRADING  
PEOPLE  
EVERY DAY**

## *Request for Transcript*

**Print and use this form when making a request for your New Horizons transcript.** Forms that are not completely filled out will result in a delay in releasing your transcript.

Your full name (name used while you were a student): \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Transcript cannot be processed without your signature)

Dates of attendance: \_\_\_\_\_ Program/Class(s) Taken: \_\_\_\_\_

Your current address, telephone number and email address:

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check the type of transcript you are requesting:**

\_\_\_\_ Official transcript to be sent to you at the above Email address

\_\_\_\_ Official transcript in a sealed envelope mailed to the following address below; indicate quantity requested: \_\_\_\_\_

**List the complete names and addresses where you need to have your transcript mailed:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Each transcript costs \$30.00.** You must pay with a credit card (Visa or MasterCard):

Number of transcripts \_\_\_\_\_ X \$30.00 = \_\_\_\_\_ total due to New Horizons

**Credit Card Information:**

Type of credit card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CSV: \_\_\_\_\_

Cardholder's name and address as it appears on the card:  
\_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**Please mail this request form to:**

**Or Email to: [wbstudentservices@nhnepa.com](mailto:wbstudentservices@nhnepa.com)**

**New Horizons Computer Learning Center  
600 Baltimore Drive  
Wilkes-Barre, PA 18702**

•Upon receipt of request, transcripts will be e mailed/mailed within 10 business days, unless otherwise requested.

•Transcripts will not be issued until payment is received or if you have an outstanding financial obligation with New Horizons Computer Learning Centers.