

Academic Record Request



Yorktowne Business Institute & School of Culinary Arts

West 7th Avenue
York, Pennsylvania 17404
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fax 717.848.4584
www.ybi.edu www.yorkchef.com



Full name:

Last

First

Middle/Maiden

Address:

City:

State:

Zip:

Home Phone: () _____

Work Phone: () _____

Cell Phone: _____

email address: _____

Social Security Number: _____

DOB: _____

Program of Study: _____

Dates Attended: _____

Please note: An Official Transcript includes the Director's signature and the corporate seal of Yorktowne Business Institute. It is sent, sealed, directly from the school to a college, institution, or prospective employer at your request. When a transcript is presented directly to the student, it is stamped "Student Copy" and is not considered to be official.

- Please send an Official Transcript of my records to the following address:

- Please send a transcript stamped "Student Copy" to me at the above address.

All financial obligations to the Institute must be satisfied before a transcript will be released. A \$3.00 fee is required to process each transcript request made to Yorktowne Business Institute. Please make checks payable to Yorktowne Business Institute. Once payment is received, the transcript will be processed promptly.

The Family Educational Rights and Privacy Act of 1974 requires the student's signature to release a transcript.

Student Signature: _____

Date: _____