CORRECTION EDUCATION RECORDS CENTER
6340 Flank Drive
Harrisburg PA 17112
rlewis@pattan.net
dcampbell@pattan.net

Request For Information

(Please Print – COMPLETE EITHER OPTION #1 OR #2)

Today's Date: _____

Facility Name : _____

DOC Number: _____

Facility Admit Date: _____

Student Name : _____

Alias Name of Student : _____

Social Security Number : _____

Date of Birth : _____

Student's Signature : _____
(I hereby authorize the collection and exchange of all related information as the completed section below indicates.)

OPTION #1 - TRANSCRIPT REQUEST – PLEASE PROVIDE NAME OF LAST PUBLIC SCHOOL AND * ANY PLACEMENTS

Name of High School : _____

Location : _____

Last Date (and grade) of Attendance : _____

*PROVIDE NAME(S) OF ANY OTHER HIGH SCHOOLS AND/OR ALL PRIVATE PLACEMENTS (Glen Mills, Abraxas, Vision Quest, etc.)

_____

_____

OPTION #2 - GED REQUEST (Complete **only** if requesting **GED** test results)

Test Date : _____

Test Site/Location : _____