

Transcript Request Form

There is a \$5 fee for each transcript request, official or unofficial. Please remit payment in the form of a money order to 422 Dickinson Street, Charleston, WV 25301.



Last 4 digits of SSN

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Your Name and Address:

Date of Birth ____/____/____

Other Names: _____

Graduation Date ____/____/____

Program of Study- _____

NOTE: All financial obligations must be paid in full before we may process your transcript request.

Number of official transcripts for pick up: _____ Number of Official transcripts for Mail: _____

Number of unofficial transcripts for pickup: _____

Sending Address 1

Sending Address 2

Requester's Contact Information and Authorization

Phone:(____)____-____ Email:_____

Authorization for Alternate Person Pick-Up: If someone other than yourself is to pick up a transcript on your behalf, please provide their name and birth date. Picture ID will be required to verify identity

Requester's Signature (required by federal law): _____

For office use only: Transcript Processed _____