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

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____________________