



Transcript Request Form

There is a \$5.00 fee for each transcript request, official or unofficial.
Please remit payment to: 422 Dickinson Street, Charleston, WV 25301.

Your Name and Address:

Last 4 digits of SSN

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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)

Date of Request ____/____/____

For office use only: Transcript Processed _____