



500 28<sup>th</sup> Street, Dunbar, WV 25064

Phone: (304) 766-0369

## **TRANSCRIPT REQUEST FORM**

**There is a \$5.00 fee for each transcript request. Payment must be included with this request.  
(Transcript requests will not be processed if there is an outstanding debt to the school.)**

Name (Last, First, Middle): \_\_\_\_\_

Previous/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Month/Year of Program Completion: \_\_\_\_/\_\_\_\_

Please check one: ☐ Transcript will be picked up.

☐ Mail transcript to the following address.

### **Recipient #1:**

Name of Agency/School: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Recipient #2:**

Name of Agency/School: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Requester's Signature (FERPA Required):** \_\_\_\_\_

#### **Office Use Only:**

Amount Paid: \$\_\_\_\_\_ ( ☐ Cash ☐ Check ) Date of Payment: \_\_\_\_\_

Date of Processing/Mailing: \_\_\_\_\_ Processor: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_