

Transcript Request Form

Send To: Attn: Transcript Unit, West Virginia University, Admissions and Records, P.O. Box 6009, Morgantown, WV 26506-6009 or FAX request to (304) 293-8991.

Full Name _____

Former Name(s) _____

WVUID Number: 700 - ____ - ____ SSN# Optional: ____ - ____ - ____ (if available)

Date of Birth (mm/dd/yyyy): ____ / ____ / ____

Current Address _____

City, State, ZIP _____

Phone _____ E-Mail _____

Dates Attended _____

Credit Cards Accepted: Visa MasterCard Discover (circle one)

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Number of Copies _____

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Total Amount = \$ _____

Make Checks payable to: West Virginia University
**If you have never requested a transcript before your first one is free.

We must receive signed authorization before releasing a transcript.

Signature (required before processing) _____

Date _____