

-TRANSCRIPT REQUEST-

FEE:	\$5 FOR EACH O	FFICAL COPY	
TO: Admissions & Records Offices			
FROM:			
Name	Nam	Name While Enrolled (if different)	
P.O. Box/ Street Address	Stud	ent ID Number	
City, State, Zip	Birth	Birth Date	
Contact Number	Payn	nent Confirmation # (if faxir	g transcript)
Type of Transcript Requested:	Curriculum credit courses	Continuing Education (non-credit courses)	ADHS Adult High School
High School Equivalency (HSE) - Ple official HSE transcript.	ease visit http://wv	ww.diplomasender.com/ to	request an
Please mail transcript (s) to (official including COMPLETE mailing address transcript will be issued until all fin	ss. <u>ADDRESSES</u> AR	E THE STUDENTS RESPONSI	BILITY. No
1.	2		
Mailing Instructions:			
Mail Immediately Hold this request until curre I will pick up (Option availal transcript) Comments or other instruc	ble at Main Campu		to pick up
Student's Signature		Date	