TRANSCRIPT REQUEST FORM

We do not charge for normal processing of transcripts (2-5 business days). A special $9.00 rush charge will be assessed to orders that require 24 hour processing. Fill out one request for each separate mailing address. Transcripts will be processed in the order they are received. We cannot accept responsibility for delivery of transcripts once they leave our office. Requests must be made in writing. Requests from students who have financial holds on a student account will not be processed. If you check the RUSH box below, payment must accompany your request. Only 3 transcripts can be ordered at one time. We DO NOT fax transcripts.

Mailing Address: FSU and Pierpont, ATTN: Enrollment Services, 1201 Locust Avenue, Fairmont, WV 26554
Fax: (304) 367-4789

REQUESTED INFORMATION

***All information marked with an asterisk (*) is required.**

*SS# ***OR*** Student ID #_____ *Date of Birth_____

*Last Name_____ *First Name_____ MI_____

Former Name(s) _____, _____, _____, _____

Current Mailing Address _____

City _____ State_____ Zip Code _____ - _____

*Telephone Number (_____) _____-_____ Email Address_____

*Are you a Fairmont State or Pierpont graduate? Yes No *Are you currently enrolled at Fairmont State or Pierpont? Yes ☐ No

*If you are not currently enrolled at Fairmont State or Pierpont, enter the last year you attended. _____

***Select the following options:** (Failure to check the correct space will result in additional payments for correct transcripts.)

O Hold transcript for end of current term grade processing
O Hold transcript for recent degree

O I will pick up on _____
O Send transcript immediately
O **RUSH** (Payment MUST accompany request.)

O I give _____, _____, permission to pick up my requests.
(Name) (Relationship)

_____ Number of copies requested. (Please complete separate requests for different addresses.)

Mail Transcript(s) to: _____ Name/Title

_____ Institution

_____ Address

_____ City/State/Zip

O Please include CE courses.

Student's Signature (required) _____ Date_____

AUTHORIZATION TO CHARGE CREDIT CARD

Name on Card	Daytime Phone Number ( ) -	Amount
Address	☐ Visa ☐ MasterCard ☐ Discover Card #	Date
City, State, Zip	Signature	Expiration Date

Last Updated: 5/11/11