FAIRMONT STATE UNIVERSITY
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 or email transcripts.

Mailing Address: Fairmont State University, ATTN: Enrollment Services, 1201 Locust Ave, Turley Center Fairmont, WV 26554
Fax: (304) 367-4789; Email: enrollmentservices@fairmontstate.edu

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 graduate? Yes No *Are you currently enrolled at Fairmont State? Yes No

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

***Select the following options:** (Failure to check the correct space will result in a processing delay or additional charges.)

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: _____ Institution
_____ Name/Title
_____ Address
_____ City/State/Zip

O Please include CE courses.

Student's Original Signature (required): _____Date: _____

AUTHORIZATION TO CHARGE CREDIT CARD

Name on Card	Daytime Phone Number ( ) -	Amount $ 9.00
Address	Card #	Expiration Date
City, State, Zip	Signature	Date

Updated: 1/14/2015