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.)

○ Hold transcript for end of current term grade processing  ○ I will pick up on ___________________

○ Hold transcript for recent degree  ○ Send transcript immediately

○ RUSH (Payment MUST accompany request.)  ○ 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

○ Please include CE courses.

Student’s Original Signature (required): ____________________________________________ Date: __________

___________________________________________________________

AUTHORIZATION TO CHARGE CREDIT CARD

<table>
<thead>
<tr>
<th>Name on Card</th>
<th>Daytime Phone Number (____) -</th>
<th>Amount $ 9.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Card #</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Updated: 1/14/2015