

## OFFICIAL TRANSCRIPT REQUEST FORM

(RO - 02/23)

Registrar's Office • 200 High Street • Glenville, WV 26351 • 304-462-4117 • FAX 304-462-8619 • registrar@glenville.edu

Student Name:	GSU ID#:	GSU ID#:	
☐ Please check here if you attended		(or	last four digits of SSN)
Previous Names (if applicable):		DOB:	
Address:	Hon	ne Phone:	
		ell Phone:	
	"		
	Email:		
** ALL LEVELS OF COURSEWORK ARE INCLUD	DED WITH A TR	ANSCRIPT (undergrad	uate and graduate) *:
☐ Mail ☐ Express Mail ☐ Pick Up	☐ Mail ☐ Ex	xpress Mail  Pick Up	)
Number of Copies:	Number of C	Copies:	
To:	То:		
Special Instructions:   Hold for current term grades (if	currently enrolled)	Hold for Degree Staten	nent (if in last semester)
Make checks payable to Glenville State University. Credit/Debit cards are accepted by including the information below or contacting 304-462-6120 once the official request has been received. We accept MasterCard, Discover, and Visa. You must have all financial obligations satisfied with GSU or your request will not be processed. The request must be signed by the student. Unfulfilled requests due to unmet obligations are destroyed after 30 calendar days and a new request will be required.	\$Expre fee & postage) **	ar Processing - \$7.00 ess Mail - \$42.00 each (inclue Not available for PO Box and AP	udes \$7 transcript O addresses.
Credit/Debit Card Number	Exp. Date		CVV Code
Student Signature Required	VOE 0277	Date	
******* OFFICE U			
Check/Money Order Cash Credit/Debit Card Amount Date Mailed/Faxed/P-Up: HOLDS:	t Received:	Date Rcvd: Notification Made:	Initials: Initials: