TRANSCRIPT REQUEST FORM

Effective July 1, 2004, Fairmont State does not charge for normal processing of transcripts. 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. Transcripts will be processed within three to five working days following receipt of request. We cannot accept responsibility for delivery of transcripts once they leave our office. Requests must be made in writing. Cash, check, Visa, MasterCard, and Discover are accepted for your convenience.

- **Requests for 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.**
- **All information marked with an asterisk (*) is required.**
- **WE DO NOT FAX TRANSCRIPTS.**

REQUESTED INFORMATION

*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 additional payments for correct transcripts.)

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

□ I will pick up on _____
□ 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: _____

_____

City _____ State_____ Zip Code _____ - _____

□ 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

FOR OFFICE USE ONLY: Amount Paid: $_____ □ Cash □ Check □ Money Order □ Charge

MAIL TO: FSU & PC&TC, ATTN: Enrollment Services, 1201 Locust Avenue, Fairmont, WV 26554 FAX: (304) 367-4789

Last Updated: 3/19/09