Davis and Elkins College
100 Campus Drive
Elkins, WV 26241
Registrar's Office
Phone: (304) 637-1224 Fax: (304) 637-1982

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

Date: _____ SSN#_____

Name: _____

(Please include maiden and/or any former names you may have used)

Address: _____

_____

_____

Phone: _____ Email: _____

Current Student _____

Former Student (dates of attendance) _____

Graduate (date of graduation) _____ Degree: _____ Bachelor: _____ Associate: _____

I am requesting _____ copies.

$ _____amount enclosed (payment required in advance) Checks made payable to: Davis & Elkins College. Transcripts are $4.00 per copy and $1.00 per each additional copy if requested at the same time. (Please note that unofficial transcripts are not issued off campus.) ****Financial obligations to the college must be satisfied before transcripts can be released****

Please mail my transcript(s) to the address(es) I have listed below. Use back of form if additional space is needed.

Signature: _____

(Required by federal law before transcript can be processed.)

THE INFORMATION YOU SUPPLY BELOW WILL BE USED IN A WINDOW ENVELOPE. YOU ARE RESPONSIBLE FOR A CORRECT AND LEGIBLE ADDRESS.

SEND TRANSCRIPT TO:

TYPE OR PRINT

_____ Name/Title

_____ Institution

_____ Address

_____ City/State/Zip

Special Instructions

BO_____
Payment ___ Cash ___Check
___ Credit Card
Mailed_____/_____
TRRQ _____Label_____

Revised 01/2007