



TRANSCRIPT REQUEST FORM

Office of Enrollment Services
75 Arnold Street Keyser, WV 26726
304.788.6820 / 800.262.7332 / 304.788.6939 FAX
Email: PSC-Records@mail.wvu.edu

Full Name _____ Date of Birth (mm/dd/yyyy): ____/____/____

Former Name(s) _____

WVUID Number: ____ - ____ - ____ (if available) SSN# (Optional): ____ - ____ - ____

Current Mailing Address _____

City _____ State _____ Zip Code _____ - _____

Phone (____) _____ Email Address _____

Are you a Potomac State Graduate? Yes No Dates Attended Potomac State _____

Number of Copies _____ @ \$12.00 per copy = \$ _____
(If you have never requested a transcript before your first one is free.)

Please indicate below where the transcript(s) should be sent. Please list both the name of the college/university/business as well as the address.

We must receive signed authorization before releasing a transcript.

Signature (required before processing)

Date

Make checks payable to: **Potomac State College**

Credit Cards Accepted: *Visa MasterCard* (circle one)

Name on Card _____

Credit Card Number _____ Expiration Date _____