

ACADEMIC TRANSCRIPT REQUEST FORM

CONCORD UNIVERSITY

REGISTRAR'S OFFICE, Telephone Number (304) 384-5237

Fax No. 304-384-5349

Athens, WV 24712

NUMBER OF TRANSCRIPTS REQUESTED _____

IMMEDIATE SERVICE REQUESTS ARE ONLY AVAILABLE AT OUR MAIN CAMPUS SITE,
FEE OF \$10 PER EACH TRANSCRIPT REQUEST.

ALL REQUESTS THAT ARE FAXED TO OUR OFFICE WILL REQUIRE A \$10 DEBIT OR
CREDIT CARD FEE. THESE REQUESTS WILL NOT BE CONSIDERED FOR IMMEDIATE
SERVICE. WE MUST HAVE YOUR REQUEST BEFORE PAYMENT CAN BE MADE.

**A \$5 FEE WILL BE CHARGED FOR TRANSCRIPTS PROCESSED WITHIN THE
NORMAL TIME FRAME WHICH IS TYPICALLY 3 TO 5 WORKING DAYS. YOUR
VERY FIRST TRANSCRIPT IS FREE. (REQUESTS AT THE BEGINNING AND END OF
EACH SEMESTER WILL REQUIRE ADDITIONAL TIME FOR PROCESSING)**

DEPARTMENTAL HOLDS OR FINANCIAL OBLIGATIONS TO THE UNIVERSITY WILL PROHIBIT
THE PROCESSING OF YOUR REQUEST. NOTE: YOUR REQUEST AND FEE WILL BE RETURNED
TO YOU AND YOU MUST RESUBMIT AFTER HOLDS AND FINANCIAL OBLIGATIONS ARE
SATISFIED.

**PLEASE PROCESS IMMEDIATELY _____ OR HOLD FOR CURRENT TERM GRADES _____ OR
STATEMENT OF DEGREE _____**

**ARE YOU CURRENTLY A CONCORD UNIVERSITY STUDENT _____ IF NO, THE LAST SEMESTER THAT YOU
ATTENDED CONCORD UNIVERSITY _____.**

*PLEASE MAIL MY ACADEMIC TRANSCRIPT TO: (MULTIPLE REQUESTS WITH DIFFERENT
ADDRESSES WILL REQUIRE SEPARATE FORMS)*

NAME OF STUDENT: _____
last first middle maiden

SOCIAL SECURITY # _____

CURRENT ADDRESS OF STUDENT: _____

CURRENT TELEPHONE NUMBER: _____

SIGNATURE OF STUDENT _____ **DATE:** _____