



TRANSCRIPT REQUEST FORM

Please print and mail completed form with payment to:
Potomac State College
Office of Enrollment Services
One Grand Central Park, Suite 2090
Keyser, WV 26726
FAX (304) 788-6939

Name:	
Former Name(s):	
Current Address :	
<hr/> <hr/>	
Phone:	E-Mail:
Dates Attended:	
Number of Copies:	
Social Security Number/WVU ID#:	
Please send my transcript(s) to the following address(s):	
<hr/> <hr/> <hr/>	
Form of Payment: <input type="checkbox"/> Credit Card	
<input type="checkbox"/> Check or Money Order : payable to Potomac State College of WVU	
Master Card or Visa # (we do not accept debit cards):	
Expiration Date:	
Signature:	Date: