



Potomac State College

West Virginia University

Office of Enrollment Services

75 Arnold Street
Keyser, WV 26726
304.788.6820 / 800.262.7332
304.788.6939 FAX
pkindsey@mail.wvu.edu

Full Name _____

Former Name(s) _____

WVUID Number: 70__ - ____ - ____ SSN# (Optional): ____ - ____ - ____
(if available)

Date of Birth (mm/dd/yyyy): ____/____/____

Current Address _____

City, State, ZIP _____

Phone _____ E-Mail _____

Dates Attended _____

Number of Copies _____ @ \$6.00 per copy = \$ _____

(If you have never requested a transcript before your first one is free.)

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

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

Credit Card Number _____ Exp _____

Please send my transcript to the following address(s):

We must receive signed authorization before releasing a transcript.

Signature (required before processing)

Date