

OFFICIAL TRANSCRIPT REQUEST FORM



**REQUESTED INFORMATION MUST
BE COMPLETED BEFORE FORM CAN BE PROCESSED**

- Picture ID required for pick up.
- Signed release required if transcript is to be picked up by someone other than student.
- Transcript issued directly to a student bears the notation "Issued to Student" or "Issued to Student in Sealed Envelope" as requested.

Return the completed request form in person, by fax, by e-mail, or by mail.

Fax: 304-232-0153

E-mail: transcript@wvnc.edu

Mail to:

Transcripts

WV Northern Community College
1704 Market Street
Wheeling, WV 26003-3699

For Office Use Only

Date
Processed _____

Print Legibly _____
Date of Request _____ Telephone _____

Name: _____
Last First Middle or Maiden

Address: _____

Student ID Number or Social Security Number _____

Dates Attended: _____

Birthdate: _____ If WVNCC graduate, what year? _____

**I HEREBY AUTHORIZE WEST VIRGINIA NORTHERN COMMUNITY
COLLEGE TO RELEASE MY ACADEMIC TRANSCRIPT BY WAY OF:**

- Send ELECTRONIC transcript via eSCRIP-SAFE™ to the recipient below.
 - Please see Registrar's Office Web site (<http://www.wvnc.edu/offices-and-services/transcript-request/1461>) for full details regarding electronic transcripts.
- Mail paper transcript to the recipient below:
 - Write clearly as delays may occur due to incomplete or illegible addresses.
- Release transcripts when grades for current semester are available
- Release transcripts when statement of degree is available
- Will pick up at New Martinsville Weirton Wheeling Service Center
- Issue to student in sealed envelope

PAPER TRANSCRIPT RECIPIENT INFORMATION

Recipient's Name _____
Attention _____ No. of Paper copies _____
Business Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State (required) _____ Zip Code _____

ELECTRONIC TRANSCRIPT RECIPIENT INFORMATION

E-mail Address (required) _____ State _____

I understand that any holds currently on my record will prevent release of my transcript. Otherwise, my official transcript will be delivered via the method selected.

Student Signature _____

Date _____

Privacy Act: All requests require an original signature of the student. Requests without a signature will not be processed.