



IMPORTANT INFORMATION: PLEASE READ

- Student records are confidential and transcripts are issued only at the written request of the student. Telephone requests are not accepted.
- All requests **MUST** include the student's signature.
- Missing information could delay or nullify your request.

Mailing Address: Enrollment Services
 West Liberty University
 208 University Drive
 Campus Union Box 145
 West Liberty, WV 26074

Fax: (304) 336-8220
Phone: (304) 336-8007
Email: registrar@westliberty.edu

UNOFFICIAL TRANSCRIPT REQUEST FORM

Name: _____

Former Names: _____

Street Address: _____

City, State, Zip: _____

Phone No.: _____

Email Address: _____

SSN or WLU ID: _____ Date of Birth: _____

Approximate dates of attendance: _____

Graduation Date: _____

SELECT ONE DELIVERY METHOD:

- Pick-up in person (Photo ID is required) on _____ (Date)
- Fax
- Email PDF (Unofficial Only)
- Mail

Name of Recipient/Institution / Email Address _____

ATTN/Office _____

Mailing Address _____

City, State, Zip _____

Please Sign and Date below.