



WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE  
 OFFICE OF THE REGISTRAR  
 400 NORTH LEE STREET  
 LEWISBURG, WV 24901  
 (800) 356-7836, ext. 383/369 or (304) 645-6383,  
 FAX #: (304) 647-6350

**REQUEST FOR TRANSCRIPT**

Signature of Student/Graduate \_\_\_\_\_  
 Student/Graduate Name (printed) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 Currently Enrolled? YES \_\_\_ NO \_\_\_ Date of Request \_\_\_\_\_  
 Year of Graduation \_\_\_\_\_

**All transcripts include  
 GPA & numerical  
 class rank**

**Please select from the following choices  
 (FIRST TRANSCRIPT IS FREE)**

- \_\_\_ Official Transcript: **\$6.00**
- \_\_\_ Unofficial Transcript: **\$6.00**
- \_\_\_ Unofficial Transcript - Faxed to Recipient: **\$8.00**
- \_\_\_ Official/Unofficial Transcript & NBOME Scores: **\$10.00**
- \_\_\_ Official/Unofficial Transcript & NBOME Scores - Faxed to Recipient: **\$10.00**
- \_\_\_ NBOME Scores Only (Level 1 and/or Level 2): **\$5.00**
- \_\_\_ NBOME Scores Only (Level 1 and/or Level 2) - Faxed to Recipient: **\$5.00**
- \_\_\_ Diploma Copy: **\$6.00**
- \_\_\_ Diploma Copy - Faxed to Recipient: **\$6.00**
- \_\_\_ Special Delivery/Overnight Delivery (Plus regular fees as appropriate): **\$20.00**

**CREDIT CARD INFORMATION**  
 Name on Card \_\_\_\_\_  
 Type of Card \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**This request must be signed and the name printed below the signature. All incomplete requests will be returned to the student/graduate for completion (example: no payment, no signature, lack of complete address).**

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