



West Virginia School of Osteopathic Medicine  
 Office of the Registrar  
 400 North Lee Street  
 Lewisburg, WV 24901  
 (304) 645-6270 or (800) 356-7836 ext 6829/6383  
 FAX #: (304) 647-6350

\*\*\*\*\* **REQUEST FOR TRANSCRIPT** \*\*\*\*\*

Signature of Student/Graduate: \_\_\_\_\_

(FIRST TRANSCRIPT IS FREE)

Student's/Graduate's Name: \_\_\_\_\_  
 (Printed)

No. & Street: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email Address or Phone Number: \_\_\_\_\_

Currently Enrolled: YES \_\_\_ NO \_\_\_ Date of Request: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

(Please select from the following choices)

- \_\_\_ 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**
- \_\_\_ Replacement Diploma **\$30.00**

CREDIT CARD INFORMATION	
<b>VISA® MasterCard® American Express® ONLY</b>	
Name on Card:	_____
Card Type:	_____
Account Number:	_____
Expiration Date:	_____

<p>All transcripts will include GPA &amp; Numerical Class Rank</p>
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**This request must be signed and the name printed below the signature. Also, 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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6. \_\_\_\_\_  
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