



West Virginia School of Osteopathic Medicine
 Office of the Registrar
 400 North Lee Street
 Lewisburg, WV 24901
 (304) 645-6270, Ext. 829/383 or (800) 356-7836
 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**

CREDIT CARD INFORMATION

VISA or Mastercard ONLY

Name on Card: _____

Card Type: _____

Account Number: _____

Expiration Date: _____

All transcripts will
include GPA &
Numerical Class Rank

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).

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

