



West Virginia School of Osteopathic Medicine
Office of the Registrar
 400 North Lee Street, Lewisburg, WV 24901
 (304) 647-6433 or (800) 356-7836 ext 6433/6383
 email: wmerewether@osteo.wvsom.edu
 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: _____

CREDIT CARD INFORMATION	
VISA MasterCard American Express® ONLY	
Name on Card: _____	
Card Type: _____	
Account Number: _____	CVV Code: _____
Expiration Date: _____	

Please select from the following options:

- ___ 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**

All transcripts will include GPA & Numerical Class Rank

This request must be signed above 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).

Please list below the address(es) to which the request should be mailed, faxed or emailed and any special handling instructions.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

