



OFFICIAL TRANSCRIPT REQUEST

NAME (PRINT): _____

STUDENT ID#: _____ SOCIAL SECURITY #: _____

STUDENT MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

STUDENT TELEPHONE NUMBER: _____

Hold for Current Term Grades

Hold until Degree Statement is on Record

NUMBER of TRANSCRIPTS(s) REQUESTED: _____

MAIL TRANSCRIPT TO: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

STUDENT SIGNATURE: _____ DATE: _____

FEDERAL LAW REQUIRES THE STUDENT'S SIGNATURE.

Fees for transcripts are **\$8.00** each. Fees must be paid when ordering transcripts. Students who have a financial obligation will have their transcript request returned. Make checks or money orders payable to Mountwest Community & Technical College. Please do not send cash. **ALL REQUESTS WILL BE RETURNED IF THE PAYMENT IS NOT INCLUDED.** Transcript request processing time is 24 to 48 hours from the time we receive the request.

Please send your signed request along with fees to:

Mountwest Community & Technical College
Office of the Registrar
One Mountwest Way
Huntington WV 25701

OFFICE USE ONLY
Paid <input type="checkbox"/>
Date: _____