

OFFICIAL TRANSCRIPT REQUEST

NAME (PRINT):		
STUDENT ID#:	SOCIAL SECURITY #	#:
STUDENT MAILING ADDRESS:		
CITY:	ST:	ZIP:
STUDENT TELEPHONE NUMBER:		
Hold for Current Term Grades Hold	old until Degree Sta	ntement 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 partial financial obligation will have their transcript request Mountwest Community & Technical College. Please RETURNED IF THE PAYMENT IS NOT INCLUDED hours from the time we receive the request.	returned. Make checks do not send cash. ALL I	s or money orders payable to REQUESTS WILL BE
Please send your signed request along wi	th fees to:	OFFICE USE ONLY
Mountwest Community & Technical College Office of the Registrar One Mountwest Way Huntington WV 25701		Paid Date: