

## TRANSCRIPT REQUEST

NAME \_\_\_\_\_ Student ID # \_\_\_\_\_

NAME WHEN ATTENDED, IF DIFFERENT: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

City State Zip

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT STUDENT \_\_\_\_\_ FORMER STUDENT \_\_\_\_\_

ATTENDED: Prior to 1985 \_\_\_\_\_ 1985-2002 \_\_\_\_\_ 2002+ \_\_\_\_\_

NUMBER OF OFFICIAL COPIES NEEDED: \_\_\_\_\_ UNOFFICIAL: \_\_\_\_\_

### TO BE SENT:

Within a Week \_\_\_\_\_ End of Semester\* \_\_\_\_\_ Rushed (must pay rush fee) \_\_\_\_\_

\*End of Semester requests will be held and mailed after final grades for the semester have been recorded and verified.

### **SIGNATURE**

Required in order to comply with the Family Educational Rights and Privacy Act (FERPA)

Date of Request \_\_\_\_\_

**NAME AND ADDRESS OF RECEIVER: COMPLETE LEGIBLE ADDRESS**  
(Official copies are mailed in a sealed envelope. Unofficial copies can be emailed or faxed, please indicate below)

### ALDERSON BROADDUS UNIVERSITY OFFICE OF THE REGISTRAR

BOX 2065, 101 COLLEGE HILL DRIVE, PHILIPPI, WV 26416

FAX # 304-457-6464 EMAIL: reg@ab.edu

**NOTE: ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY MUST BE SATISFIED BEFORE A TRANSCRIPT CAN BE ISSUED.**

### Transcript Fees:

\_\_\_\_ Official Transcript: **\$10.00** each

\_\_\_\_ First Official Transcript: **Free**

\_\_\_\_ Unofficial Transcript: **Free**

\_\_\_\_ Scholarship Requests (for AB University): **Free**

\_\_\_\_ Rush Fee: **\$5.00**

\_\_\_\_\_ Total

### Transcript Payment – may pay with cash, check, or credit card

#### Credit Card Information\*

If you prefer to give the information over the phone, please call 304-457-6227

Name of credit card holder \_\_\_\_\_

Address \_\_\_\_\_

Phone # of credit card holder \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ CID # \_\_\_\_\_

3 digit # on back of card

Cardholder Signature \_\_\_\_\_

\*As of July 15, 2016 a 2.75% transaction fee will be applied to credit card payments

#### University Use Only

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Clearance: BO: \_\_\_\_\_ Perkins \_\_\_\_\_

Date Sent: \_\_\_\_\_

Sent By: \_\_\_\_\_