

**TRANSCRIPT REQUEST FORM**

Alderson Broaddus University Office of the Registrar

101 College Hill Drive Box 2065, Philippi, WV 26416

Email: reg@ab.edu | Ph: (304) 457-6227

STUDENT INFORMATION:

Current Full Name

Former Name(s) (if applicable)

Current Mailing Address

SSN or Student ID

City

State

Zip

Cell or Daytime Phone

Email Address

Are you currently enrolled?

Yes

No

If not, indicate years attended -

PROCESSING INSTRUCTIONS:

Email

Mail 2-8 Business Days

SEND TRANSCRIPT TO:

Individual, Institution, Agency, or Business Name

Address

City

State

Zip

Email Address (if applicable)

*If no address is indicated, the transcript will be mailed to the current mailing address above.

STUDENT SIGNATURE and DATE:

Signature is required by FERPA for the release of records. A typed name will not be accepted. This form must be printed, signed by hand, and then sent via fax or email.

Student Signature - *TYPED SIGNATURES WILL NOT BE ACCEPTED* Date**Office Use Only**

Received:		BO:		Amount Paid:	
Sent:		PK:		Sent By:	