

TRANSCRIPT REQUEST FORM

We do not charge for normal processing of transcripts (2-5 business days). A special \$9.00 rush charge will be assessed to orders that require 24 hour processing. Fill out one request for each separate mailing address. Transcripts will be processed in the order they are received. We cannot accept responsibility for delivery of transcripts once they leave our office. Request must be made in writing. Request from students who have financial holds on a student account will not be processed. If you check the RUSH box below, payment must accompany your request(NO CASH IN MAIL). Only 3 transcripts can be ordered at one time. We **DO NOT** fax or email transcripts.

Mailing Address: Pierpont Community & Technical College
ATTN: Student Services
1201 Locust Avenue, Fairmont, WV 26554
Fax: (304) 367-4881; Email: studentservices@pierpont.edu

* All information marked with an asterisk (*) is required.

* SS# OR Student ID#: _____ *Date of Birth: _____

*Last Name: _____ * First Name: _____ MI: _____

Former Name(s): _____, _____, _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

*Telephone Number (____) _____ - _____ Email Address: _____

*Are you a Pierpont graduate? Yes No *Are you currently enrolled at Pierpont? Yes No

*If you are not currently enrolled at Pierpont, enter the last year you attended: _____

*Select the following options: (Failure to check the correct space will result in a processing delay or additional charges.)

- Hold transcript for end of current term grade processing
- Hold transcript for recent degree
- Send transcript immediately
- I will pick up on _____
- RUSH (Payment MUST accompany request, check, money order or pay in person with cash.)
Please make check/money order payable to **Pierpont CTC**

I give _____, _____, permission to pick up my requests.
(Name) (Relationship)

_____ Number of copies requested. (Please complete separate requests for different addresses.)

Mail Transcript(s) to: _____ Institution
_____ Name/Title
_____ Address
_____ City/State/Zip

- Please include CE courses.

Student's Original Signature (required): _____ Date: _____