



**Office of the Registrar**  
304.865.6105 (office)  
304.865.6001 (fax)

## FINAL TRANSCRIPT REQUEST FORM

### TO GUIDANCE OFFICE/OFFICE OF REGISTRAR & RECORDS:

Name of High School, College, or University: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I, \_\_\_\_\_ request  
my final transcript be sent to Ohio Valley University at the following address:

*Attn: Registrar*  
**Ohio Valley University**  
1 Campus View Drive  
Vienna, WV 26105-8000

I attended your school from \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_  
Semester Month Year Semester Month Year

### PERSONAL INFO:

Name (please include maiden name if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*If there is a charge for my transcripts please use the information above to contact me*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE TO APPLICANT:** Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript be mailed to our office. Please complete and sign the form above and submit it to your principal, guidance counselor at High School and/or the Registrar at the College/University(s) you have attended.