



Office of the Registrar
304.865.6105 (office)
304.865.5908 (fax)

OHIO VALLEY UNIVERSITY TRANSCRIPT REQUEST FORM

Complete this form and return to: Attn: Registrar, Ohio Valley University,
1 Campus View Drive, Vienna, WV 26105-8000. Please duplicate if additional forms are required.

PERSONAL PROFILE:

Name: _____ Date: ____ / ____ / ____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ Email: _____

Social Security # _____ Birthdate: ____ / ____ / ____

Institution Attended: Ohio Valley University Northeastern Christian Jr. College

School Attended: Undergraduate Graduate School of Professional Studies Special Education Institute

REQUESTED ACTION (check all that apply):

Send ____ transcript(s) to the school or business I've indicated below

Send ____ transcript(s) to me in a sealed envelope

Check here to hold for final grades of current semester

Name of School or Business: _____

Address: _____

City/State/Zip: _____

Fax Number: (_____) _____

METHOD OF PAYMENT:

Transcripts Requested: ____ x \$6.00 = \$ _____ **TOTAL AMOUNT ENCLOSED**

Enclosed check/money order (payable to Ohio Valley University)

Please charge my credit card (circle one): **Visa** **Mastercard** **Discover**

Cardholder Name (please print): _____ Expiration Date: ____ / ____ / ____

Account Number (with 3 digit security code on back): _____ Security # _____

Signature: _____ Date: ____ / ____ / ____