



**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 # \_\_\_\_\_

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: \_\_\_\_\_

### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_