



**West Virginia School of Osteopathic Medicine**  
**Office of the Registrar**  
 400 Lee Street North, Lewisburg, WV 24901  
 (304) 647-6433 or (800) 356-7836 ext 6433/6383  
 email: registrar@osteo.wvsom.edu  
 fax: (304) 647-6350

## REQUEST FOR TRANSCRIPT

Signature of Student/Graduate: \_\_\_\_\_

**(FIRST TRANSCRIPT IS FREE)**

Student's/Graduate's Name: \_\_\_\_\_  
 (Printed)

No. & Street: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email Address or Phone Number: \_\_\_\_\_

Currently Enrolled: YES \_\_\_ NO \_\_\_ Date of Request: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

| CREDIT CARD INFORMATION                         |                 |
|---|-----------------|
| <b>VISA® MasterCard® American Express® ONLY</b> |                 |
| Name on Card:                                   | _____           |
| Card Type:                                      | _____           |
| Account Number:                                 | CVV Code: _____ |
| Expiration Date:                                | _____           |

**Please select from the following options:**

- \_\_\_ Official Transcript: **\$6.00**
- \_\_\_ Unofficial Transcript: **\$6.00**
- \_\_\_ Unofficial Transcript - Faxed to Recipient: **\$8.00**
- \_\_\_ Official/Unofficial Transcript & NBOME Scores: **\$10.00**
- \_\_\_ Official/Unofficial Transcript & NBOME Scores - Faxed to Recipient: **\$10.00**
- \_\_\_ NBOME Scores Only (Level 1 and/or Level 2): **\$5.00**
- \_\_\_ NBOME Scores Only (Level 1 and/or Level 2) - Faxed to Recipient: **\$5.00**
- \_\_\_ Diploma Copy: **\$6.00**
- \_\_\_ Diploma Copy - Faxed to Recipient: **\$6.00**
- \_\_\_ Special Delivery/Overnight Delivery (Plus regular fees as appropriate): **\$20.00**
- \_\_\_ Replacement Diploma **\$30.00**

All transcripts will include GPA & Numerical Class Rank

**This request must be signed above and the name printed below the signature. Also, all incomplete requests will be returned to the student/graduate for completion (example: no payment, no signature, lack of complete address).**

**Please list below the address(es) to which the request should be mailed, faxed or emailed and any special handling instructions.**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| 2. _____ | 5. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |
| 3. _____ | 6. _____ |
| _____    | _____    |
| _____    | _____    |
| _____    | _____    |