



Office of Admissions
304.865.6200 (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: Admissions
Ohio Valley University
1 Campus View Drive
Vienna, WV 26105-8000
304.865.6200 (office) | 304.865.6001 (fax)

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: (_____) _____ 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 above form and submit it to your principal, guidance counselor at your High School and/or the Registrar at the College/University(s) you have attended.