

MARSHALL UNIVERSITY-OFFICE OF THE REGISTRAR  
TRANSCRIPT REQUEST FORM

Students who have a financial or social obligation will have their transcript request returned.

LAST NAME	MAIDEN OR PREVIOUS LAST NAME	FIRST NAME	MI
MAILING ADDRESS		STUDENT ID OR SOCIAL SECURITY #	
CITY	STATE	ZIPCODE	PHONE NUMBER
EMAIL ADDRESS			

TO PAY BY CHECK:

ROUTING#	ACCOUNT#	BANK NAME
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NUMBER OF TRANSCRIPTS REQUESTED  HOLD FOR GRADES  HOLD FOR DEGREE

SPECIAL INSTRUCTIONS:

PLEASE FILL OUT THE BOXES BELOW TO MAIL A TRANSCRIPT TO THE RECIPIENT OF YOUR CHOICE.

RECIPIENT'S NAME			
ADDRESS LINE 1			
ADDRESS LINE 2			
CITY	STATE	ZIPCODE	

STUDENT'S SIGNATURE

FEDERAL LAW REQUIRES THE STUDENT'S SIGNATURE

PLEASE MAIL OR FAX TRANSCRIPT REQUEST TO:  
MARSHALL UNIVERSITY  
OFFICE OF THE REGISTRAR  
ONE JOHN MARSHALL DRIVE  
HUNTINGTON, WV 25755  
FAX: 304-696-2252