

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD
Alderson-Broadus University Students (Enrolled 1985 – 2023 only)

c/o WV Wesleyan College (Custodian)
 Academic Services/Registrar's Office
 59 College Avenue, Buckhannon, WV 26201
 Fax: 304-473-8531
 Email request forms to: rosier.e@wvwc.edu

Social Security Number _____ **Date of Birth** _____
 (MM/DD/YYYY)

Last Name _____ **First Name** _____ **MI** _____

List all former name (s) _____

Current Mailing Address

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Academic Level	Are you an ABU graduate?	List dates of attendance below
Undergraduate _____	Date of Graduation _____	
Graduate _____	Degree _____	

Number of copies requested _____

_____ U.S. Mail (\$10 per copy requested)

_____ FedEx U.S. 2-day delivery \$50

Checks payable to WV Wesleyan College

Mail Transcripts to: (*transcripts cannot be emailed at this time*)

(If address above, check here _____)

check here if you would like each transcript in a separate, signed and sealed envelope

City _____ State _____ Zip _____

(List additional address on back)

Student Signature (required) _____ **Date** _____

Name on Card	Daytime Phone Number	Amount
Address	City, State, ZIP	Date / /
__ Visa __ Mastercard __ Discover __ AMEX	Signature of Card Holder	Expiration Date (MM/YY) /
#		CVV#