

# High School Academic Transcript Request Form

To: High School Counselor

The student listed below has made application to West Virginia University and is in need of an official copy of his/her information sent to the address below. The information required is checked below.

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*Printed Name of Student*

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*Student's Date of Birth*

Student, check all that is needed:

\_\_\_\_\_ Academic Transcript

\_\_\_\_\_ ACT/SAT Scores

\_\_\_\_\_ Immunization Record (if available)

Please mail the information to:

**Freshman Admissions  
Office of Admissions and Records  
West Virginia University  
PO Box 6009  
Morgantown, WV 26506-6009**