

BLUEFIELD STATE COLLEGE

Transcript/ Record Request

Requester's Information

Name: _____
(Name of person for whom a transcript is requested)

Social Security Number: _____

DOB: _____

Current Address: _____

Institutional Information

Institution: _____
(Name of institution from which a transcript is requested)

Name in Attendance: _____
(Requester's name while attending this institution)

Termination Date: _____
(Date requester left the institution)

Please send a:

- copy of my high school transcript
- copy of my college transcript
- copy of my inoculation record
- copy of my ACT/SAT scores

To:

Bluefield State College
Human Resource Office
219 Rock Street
Bluefield, WV 24701

Requester's Signature: _____
Date Signed: _____

Bluefield State College

219 Rock Street Bluefield WV, 24701

Web: www.bluefieldstate.edu

Email: kdaniels@bluefieldstate.edu