



Pierpont Continuing Education
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CONTINUING EDUCATION TRANSCRIPT REQUEST FORM

REQUESTED INFORMATION

Last Name _____ First Name _____ MI _____

Date of Birth _____ Social Security Number _____

Former Name (or Names) _____

Current Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ - _____ Email Address _____

Is transcript for WV Teacher Recertification?

Please check if transcript is being requested for Continuing Education Courses prior to January 2011.

Notes or special instructions:

Number of Copies Requested: _____ (Please submit separate request for separate addresses.)

Mail Transcript(s) to: Same as above

Other

City _____

State _____ Zip _____

Student's Signature (required): _____ Date: _____

MAIL TO: PC & TC Transcripts, Continuing Education Dept.; 1201 Locust Ave; Fairmont, WV 26554 or

FAX: (304) 333-3671

Address questions to OFFICE: (304) 367-4920