

ERAS TRANSCRIPT REQUEST
Morgantown Students

Send to: West Virginia University, Office of the University Registrar
PO Box 6878, Morgantown, WV 26506-6878

Full Name _____

Former Name _____ WVU ID# _____

SSN# (optional) _____ Date of Birth _____

Phone# (_ _ _) _ _ _ - _ _ _ _ E-mail _____

Current Address _____

Dates Attended: _____

(include dates of undergrad at WVU, if applicable)

CHARGE: \$12.00 PER COPY

PLEASE SEND MY TRANSCRIPT TO THE FOLLOWING ADDRESS

Christina Politte
Department of Medical Education – Student Services
Robert C. Byrd Health Sciences Center, PO Box 9111
Morgantown, WV 26506

Number of copies _____ X \$ 12.00 = _____
(total amount due)

**PAYMENT MUST BE CASHIER CHECK OR MONEY ORDER ONLY
MADE PAYABLE TO WEST VIRGINIA UNIVERSITY.**

Signature (required) _____
Date

NOTE: This is for the ERAS transcript only. All other requests must be processed through our on-line request system at <http://registrar.wvu.edu>