



Randolph Technical Center  
School of Practical Nursing  
200 Kennedy Drive  
Elkins, WV 26241  
Phone: (304) 636-9195 Ext 115  
Fax: (304) 636-9169



Transcript Request Form  
(Mail this completed form to the Nursing Program Secretary)

Please Print or type:

Last Name at time of graduation: \_\_\_\_\_

First Name and Middle Initial: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please send an official copy of my transcript to the following facility/college:  
(all information must be completed)

Name of Facility/College: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cost \$5.00 per transcript

For Office Use Only:  
Date received: \_\_\_\_\_  
Date issued: \_\_\_\_\_

Dev. 10/09  
Rev. 2/15  
2/16  
2/17  
2/18