



**Bluefield State**  
C O L L E G E

## Transcript Request Form

TO:  High School

or

College Registrar

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Birthdate

Requests that:

- Official College Transcript
- Final High School Transcript  
Year of Graduation \_\_\_\_\_
- ACT/SAT Test Scores

- Immunization Records
- Other \_\_\_\_\_

Be sent directly to:

OFFICE OF ADMISSIONS  
BLUEFIELD STATE COLLEGE  
219 ROCK ST  
BLUEFIELD WV 24701

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER