



Amizade Global Service-Learning Programs
Official Transcript Request Form for Non-WVU Students

Mail this completed form to the Amizade Office at
PO Box 6894, 343 Stansbury Hall, Morgantown, WV 26505

Name _____

Former Name(s) _____

Date of Birth _____

Current Address _____

City, State, Zip _____

Phone _____ E-mail _____

Dates of Program _____

Please mail one copy of my official transcript to the following address:

****We recommend having your transcript sent directly to the
Admissions and Records Department of your home institution.**

We must receive signed authorization before releasing a transcript.

Signature (required before processing)

Date