AUTHENTICATION REQUEST FORM

First Name	Middle Nar	Middle Name		Last Name		
Student ID Number or Social Security Number	E-mail Add	ress				
Type of Document to be Certificon Diploma Transcript	oma			ase attach transcript request form or by of diploma with the request		
Student's Mailing Address						
City	State	Country		Zip Code		
Certified diplomas will only be held for pick up or mailed directly to the student. Choose the option below that you would prefer.		Certified Transcripts will be mailed to the student or mailed to the desired desintation. Choose the option below that you would prefer.				
○ Hold for Pick-Up		Mail to StudentMail to Recipient				
Mail to Student						
Signature:						
Request form, transcript request, and copy of diploma may be mailed to: Office of the Registrar Marshall University Old Main 106A		Request form, transcript request, and copy of diploma may be faxed to (304) 696-6476				
One John Marshall Drive Huntington, WV 25755	Contact Information: (304) 696-6410					

(304) 696-6410 registrar@marshall.edu

