

## **Transcript Request Form**

Please complete the form providing as much information in order for us to locate your record.

Last, First M. Name		Prior Name While Attending
Date of Birth	Student ID	Dates of Attendance
Address		City, State ZIP
Email Address		Telephone Number
☐ I consent for USU to update their	r system with my	current information.
Student Signature		Date
☐ Official – Number Requested:		☐ Unofficial – Number Requested:
☐ Student will pick up OR ☐	Please mail to the	ne following address:
Recipient 1		Recipient 2
Payment by Credit Card/Debit	Card	
Name on Card:		
Card Number:		
Expiration Date:		
Security Code:		
Type of Card:		
I authorize USU to charge my Cree	dit/Debit Card	
Signature Required:		
☐ Check box if payment is being s	sent with a check	x or money order

Transcripts will be processed within 2-4 business days upon receipt of request and payment. USU is not responsible for lost/stolen mail or delay of the postal service. There is a fee of \$5.00 for each official transcript requested. A check or money order should be made payable to: United States University. You may also provide us with Credit/Debit Card information on this form for processing. Official transcripts will not be released if there is an outstanding balance to the University. Unofficial transcripts are free of charge. Additional questions should be emailed to <a href="mailto:registrar@usuniviersity.edu">registrar@usuniviersity.edu</a>.