

Document Request Form

Complete the form providing as much information in order for us to locate your record. Please allow 2-4 business days for processing from the date the request is received.

Last, First M. Name		Prior Name While Attending
Date of Birth	Student ID	Dates of Attendance
Address		City, State ZIP
Email Address		Telephone Number
\square I consent for USU to upda	te their system with my current info	rmation.
	on this form to the recipient listed b	dent, authorizing the University to release the pelow. Please make sure to only use black or
Student Signature		Date
Type of Document:		
☐ Enrollment Verification	☐ Unofficial Transcript	☐ Course Grade Report:
☐ Other:		
Please Select:		
☐ Pick up (<i>ID will be require</i>	d at pick up)	
☐ Email to:Name of Recipient		
Name of Recipient Mail:		Email
Name of Recipient		
Address 1		
Address 2		
City and State	Zip/Postal Code	