



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

I consent for USU to update their system with my current information.

By signing this form, you are acknowledging that you are the student, authorizing the University to release the stated document(s) selected on this form to the recipient listed below. Please make sure to only use black or blue ink pen. *Typed signatures will not be accepted.*

Student Signature

Date

Type of Document:

- Enrollment Verification Course Grade Report: Course Number (Ex: MSN560) _____
 Unofficial Transcript Duplicate Diploma (\$50 fee)

Other: _____

For itemized bill statements, please contact Student Accounts at studentaccounting@usuniversity.edu

Please Select:

- Pick up (*ID will be required at pick up*)
 Email to: _____
Name of Recipient Email
 Mail:

Name of Recipient

Address 1

Address 2

City and State Zip/Postal Code

Please return this form to the Office of the Registrar:
Email – registrar@usuniversity.edu
Fax – (888) 806-6762