



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

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
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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