Transcript Request Form

First Name _____ Last Name _____ Name while attending _____

Date of Birth _____ Student ID _____ Dates of Attendance _____

Email Address (for transaction receipt) _____

Student Signature: _____ Date: _____

☐Unofficial ☐Official Number of transcripts requested: _____

If the mailing information referenced below is not sent to the attention of the student requesting the transcript, by signing below, the student agrees to the disclosure of his or her transcripts to the third party to whom the parcel should be addressed.

☐Student will pick up OR

Please mail my transcripts to:

_____

_____

_____

Payment by Credit Card/Debit Card

Card Number: _____

Expiration Date: _____

Type of Card: _____

I authorize USU to charge my Credit/Debit Card

Signature Required: _____

☐ Check box if payment is being sent with a check 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. Credit/Debit card payment can be taken over the phone. No transcripts will be processed if there is an outstanding balance to the University. *Unofficial transcripts are free of charge.* Additional questions should be emailed to registrar@usuniversity.edu.