



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 system with my current information.

Student Signature	Date
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Official – Number Requested: _____ Unofficial – Number Requested: _____

Student will pick up OR Please mail to the following address:

Recipient 1	Recipient 2
_____	_____
_____	_____
_____	_____

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 and unofficial transcripts are free of charge.

A check or money order should be made payable to: United States University. Please mail your request to the address below:

United States University
Office of the Registrar
7675 Mission Valley Road
San Diego, CA 92108

Official transcripts will not be released if there is an outstanding balance to the University.

Additional questions should be emailed to registrar@usuniversity.edu.