



Document Request Form

Complete the form providing as much information in order for us to locate your record. Only use black or blue ink pen when filling this form out. All others may not be accepted.

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.

Student Signature Date

Type of Document:

Enrollment Verification Grade Report Unofficial Transcript: # requested _____

Other: _____

Select One: Student will pick up OR Please mail to the following recipient:

Recipient

