

UNIVERSITY OF SAN DIEGO PARALEGAL PROGRAM  
TRANSCRIPT REQUEST FORM

To order your transcript by mail, please provide \$5 for each transcript requested and the following information:

Name: \_\_\_\_\_  
Name on previous records if different from above: \_\_\_\_\_  
Social Security Number: \_\_\_ - \_\_\_ - \_\_\_      USD ID Number \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Session: Please circle  
          Spring                      Day  
          Summer                    Evening  
          Fall

Year of graduation: \_\_\_\_\_

Please forward \_\_\_\_\_ official transcript(s) to the following address:

Separate envelopes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please forward \_\_\_\_\_ additional copy/copies to the following address:

Separate envelopes? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_ covering \_\_\_\_\_ transcripts at \$5 each.  
(Make check payable to: University of San Diego.)

*Requests will be honored only if financial obligations to the University have been met.*

**In compliance with the Privacy act of 1974, the University of San Diego prohibits any person other than the student from requesting copies of school records.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail requests to:  
University of San Diego  
Paralegal Program  
5998 Alcalá Park  
San Diego, CA 92110