



UNIVERSITY OF SAN DIEGO SCHOOL OF LAW TRANSCRIPT REQUEST

5998 Alcalá Park, WH 202, San Diego, CA 92110-2492

Phone (619) 260-4526 Fax (619) 260-5961

Personal Information

PRINT name and address clearly:

Name: _____ I.D. No.: _____ or Last 4 of SSN: _____
Last First M.I.

I attended school under a different name(s): _____

Home Address: _____
Street Apt. # City State Zip

Phone #: _____ E-Mail: _____

By signing this form I grant permission to the University of San Diego School of Law Records office to release my academic record, as indicated below.

Signature: _____ Date _____
Signature is required for processing

Number Requested

_____ Official (\$10.00 each)
Credit cards are NOT accepted

_____ Unofficial (no charge)

Delivery Method

_____ Transcript to be picked up **OR**

_____ Transcript to be sent to:

_____ Currently enrolled
_____ No longer enrolled

Last semester enrolled

Special Instructions: _____

OFFICE USE ONLY:

Payment received by _____ on _____ ck# _____/_____ cash _____

Transcript released by _____ on _____