



University of San Diego

Request for Transcript of Record

- Official** (Request for Official transcripts must be accompanied with a \$10.00 payment per copy.)
- Unofficial** (Unofficial transcripts can be mailed or faxed; email requests are accepted if a signed request is attached.)

Student's Name: _____

Student's ID#: _____ **Phone Number:** _____

Email Address: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Forward Transcript To: (Please allow 3 to 5 working days for processing.)
(Student is responsible for the correct address.)

Person/Institution: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

STUDENT: Please answer all questions.

Today's Date: _____

Number of Copies: _____

Last Date of Attendance: _____

Separate Envelopes?

Yes No

Are you currently enrolled? -----

Is the request to be forwarded immediately? -----

Is the request to be held until semester grades are posted? -----

Is the request to be held until the degree is posted? -----

Is the request for a Continuing Education course? -----

Please Sign: _____

Please note requests cannot be processed without a signature.

Mailing Address: University of San Diego
Attn: Student Accounts/Transcripts
5998 Alcalá Park
San Diego, CA 92110

Fax #: 619.260.4649

BUSINESS OFFICE USE ONLY

- Transcript Fee Paid-Amount Recv'd. \$ _____
- Account Cleared-Release Transcript
- Do Not Release Transcript
- Holder NDSL Loan Account
- Other: _____