



The Uniformed Services University of the Health Sciences

Official Transcript Request Form

Please complete this form and email to:

registrar@usuhs.edu

Email subject line: *Transcript Request*



- Complete one form for each request
- There is no charge for sending a transcript
- Transcripts will not be released without signature (CAC signature accepted)
- Official Transcripts will not be faxed/email or sent to student home addresses
- Unofficial Transcripts can be emailed to student upon request
- Please allow up to 3-7 business days for processing

STUDENT INFORMATION

(Please type or print legibly if form is printed for completion)

Last Name:		First Name:		MI:
IF DIFFERENT, LIST NAME UNDER WHICH ENROLLED:				
Date of Birth: (MONTH/DAY/YEAR)			SSN (Last FOUR ONLY):	
Currently Active Duty: YES NO		Branch of Service: (Check one): Army Air Force Marine Corps Navy Coast Guard Other (Specify):		
USU School Attended:		Dates Attended USU: Start: End:		Graduation Date:
Telephone Number:		Alternate Number:		Email Address:
Current Address:				Apt. #
Current Address continued:				
City, State:		Zip Code:		Country (if not U.S.):

REQUEST INFORMATION

Students are responsible for providing accurate address information for third party recipients

Delivery Method: Student Pick-Up: Mail: Reason for Request:	MAIL TO:
	Third Party Addresses Only
	ADDRESS 1:
	ADDRESS 2:
	CITY
	STATE:
	ZIP CODE:
	COUNTRY (other than U.S.)
SIGNATURE: _____	
DATE:	
**NOTE: Must have signature to process. Digital signatures accepted for online submission.	

OFFICIAL USE ONLY:

RECEIVED/PROCESSED BY:	Date Transcript Mailed:
Remarks:	