



# 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***



Uniformed  
Services  
University

- Complete one form for each request
- There is no charge for sending a transcript
- Transcripts will not be released without signature (CAC signature accepted)
- Transcripts will not be faxed/email from our office
- Please allow up to 3-5 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 recipients

Delivery Method:  Student Pick-Up:  Mail:  Reason for Request:	<b>MAIL TO:</b>
	My address above <input type="checkbox"/> OR:
	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:	