

such information, USA disclaims further responsibility.

Revised 08/2011

University of South Alabama Office of the Registrar **Request for Transcript**

Office of the Registrar 390 Alumni Circle, Suite 1100 Mobile, Alabama 36688-0002 Telephone: (251) 460-6251 transcripts@southalabama.edu

This form must be mailed or hand-delivered to the Registrar's Office for processing. The University of South Alabama does not accept transcript requests via fax or e-mail. All financial obligations to the University must be cleared at the time of mailing.

	Identificati	on Information	
Full Name on USA record:	4 - 0		/AA* 1.11
List all other Names:	(Last)	(First)	(Middle)
*Student ID: J00	Birth Date:	/ /	*Last 4 of SSN:
* Does not appear on transcript	(MM)	(DD) *(YY)	(Voluntary)
Student Address:			Update My Address Information on USA's Database.
City Phone Number:	State / Province Email:	Zip / Postal Code	
This is to authorize and request releas institution addressed below and use o the University are cleared. I understo Requests for such must be directed to	of my credit card. I understand and that the Registrar's Office of	that transcripts will not be iss	ued until all financial obligations to
Signature: X		Date:	
Transcripts are processed in the order th	•	three (3) business days. One we	nch Recipient. Thek should be allowed for a request ordered at t The iled on the days that the University is closed.
O Normal Processing (2 - 3 B	usiness Days) 🔘 🖯	old for Current Term Gra	des
 Hold for Degree to be Post 	ed O H	old for Grade Change for	Course:
Fax Number (Address inform For: Admission Region Name/Organization: Address:	strar C Employment C		
City Special Instructions	State / Province	Zip / Postal Code Co	untry / Nation
Any transcript released to the stud determining the recipient's policy fo *Unofficial student copy transcrip	r self managed packages that are	e sealed and signed by the Reg	istrar.
Number of Conies	Payment Information (Pa	yment Must Accompany Req ck, credit card or money ord	
Number of Copies: Faxed Transcripts: Pay additional \$		· ·	iei.
Cash Personal ch	eck or money order (payak	ole to the University of So	uth Alabama)
Credit Card: O Visa	○ MasterCard	Discover Card	American Express
Card Number:	Expirat	on Date: /	
Pursuant to Federal Law 93-380, this part is transferred only on the condition the any other party to have access to such the written consent of the student. He cush information, LISA disclaims further than the student of the student of the student.	at you will not permit information without ving so transferred	ENT ACCOUNTING'S USE ONLY aid:	REGISTRAR'S USE ONLY Holds: Date Mailed: