



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 Official Military Requirement Send Transcripts: Now, do not hold Hold until grades are posted Hold until degree is awarded Hold until date: Reason for Request:	MAIL TO: <table border="1"> <tr><td>Third Party Addresses Only</td></tr> <tr><td>ADDRESS 1:</td></tr> <tr><td>ADDRESS 2:</td></tr> <tr><td>CITY</td></tr> <tr><td>STATE:</td></tr> <tr><td>ZIP CODE:</td></tr> <tr><td>COUNTRY (other than U.S.)</td></tr> </table>	Third Party Addresses Only	ADDRESS 1:	ADDRESS 2:	CITY	STATE:	ZIP CODE:	COUNTRY (other than U.S.)
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:	