



UNIVERSITY OF SOUTHERN CALIFORNIA

OFFICE OF THE REGISTRAR - LOS ANGELES CA 90089-0912

REQUEST FOR ACADEMIC RECORD

PLEASE TYPE OR PRINT CLEARLY

STUDENT ID NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

LIST ANY OTHER NAMES USED WHILE ENROLLED AT USC  
\_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE ( ) ( ) - \_\_\_\_\_

WORKPHONE ( ) ( ) - \_\_\_\_\_

DATE OF BIRTH (MM / DD / YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail Address (optional) \_\_\_\_\_

\_\_\_\_ / \_\_\_\_  
FIRST DATE & LAST DATE  
of Attendance

THERE ARE NO  
DISCOUNTS FOR  
MULTIPLE REQUESTS

PAYMENT TYPE  
CASH NOT  
ACCEPTED

- CHECK
- USCard
- CREDITCARD
- USC BILLING

SP/HNDL. \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Record Type/ Fee	No.
<input type="checkbox"/> Official / \$8	
<input type="checkbox"/> Acad Rec Sum/ \$5	
<input type="checkbox"/> Verification / \$5	
<input type="checkbox"/> GPA Verif. / \$5	
<b>Total Records Req.</b>	

SEND MY ACADEMIC RECORD TO THE ADDRESS INDICATED BELOW  
(to be used for window envelope mail -**PRINT CLEARLY**)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS

- 1. HOLD MY TRANSCRIPTS FOR CURRENT GRADES YES  NO  Credit Card Type:
- 2. HOLD MY TRANSCRIPTS FOR DEGREE NOTATION YES  NO  CC#: - - -
- 3. SAME DAY RUSH MAIL (\$7 Per destination) YES  NO  Exp. Date: /  
(Processed the day received - U.S. 1<sup>st</sup> Class Postal)
- 4. EXPRESS MAIL FEES  
(Processed the day received)  
(\$18 per destination within U.S. and Canada) YES  NO   
(\$33 per destination outside U.S. and Canada) YES  NO
- 5. ATTACHMENTS YES  NO   
(Reporting Agencies only i.e., AMCAS, LSDAS, NBCOT)

SIGNATURE  
(ALL REQUESTS MUST BEAR A HAND WRITTEN SIGNATURE OF THE STUDENT - DO NOT PRINT)

DATE \_\_\_\_\_

REGISTRAR OFFICE USE ONLY

<b>Request Received</b>		<b>Request Completed</b>		<b>Technician Initials</b>	
-------------------------	--	--------------------------	--	----------------------------	--