



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  
 CREDIT CARD  
 USC BILLING

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

Record Type/ Fee	No.
<input type="checkbox"/> Official / \$10	
<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
- (\$40 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>