

consent of the student. Having so transferred such information, USA disclaims further responsibility.

## **University of South Alabama Request for Official Transcript**

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

For standard request, please mail this form with payment to the Office of the University Registrar.

| I. Identification Information  | 1   |  |  |
|--|---|--|--|
| Full Name on USA record:   | (Last)  | (First)  | (Middle)   |
| List all other Names:  | ` /   | (1 1150)   | . ,  |
| Student ID: J(if known)  | Birth Dat   | te (MM) / (DD) / (Year   | Last 4 of SSN:(Voluntary)  |
| Student Address:   |   |  | ☐ Update my address information  |
| (City)   | (State)   | (Postal Code)  | U Opuate my address information  |
| Phone Number:  | F   | Email:   |  |
| Signature:   | Date:   |  |  |
| below. In compliance with 34 C.F.R. § 6  | 668.14(b)(33 & 34), students may obtain   | n an official transcript despite ow  | ALABAMA to the person or institution addressed ving a balance to the University. I understand that the such must be directed to the institution concerned.   |
| II. Delivery Instructions / Ir   | iformation - Use One Fori   | m for Each Recipient.  |  |
| Normal Processing (  | 2 - 3 Business Days)  | Hold for Do  | egree to be Posted - Term:   |
| Hold for Current Terr  | n Grades  | Pickup (Ph   | oto ID Required)   |
| Name/Organization:   |   | Attention:   |  |
| Address:   |   |  |  |
| (City)   | (State)   | (Postal Coo  | de) (Country / Nation)   |
| Special Instructions   |   |  |  |
| Transcripts are processed in the order tha semester. Processing time does not reflereleased to the student is noted "issued to | at they are received usually within three (a<br>ect delivery time. Transcripts will not b<br>student". The student is responsible for | 3) business days. One week shou<br>be processed or mailed on the<br>determining the recipient's police | ald be allowed for a request ordered at the end of any days that the University is closed. Any transcript by for self-managed packages that are sealed and signed by their Jag number and JagNet password. |
| III. Payment Information (   | Payment Must Accompany  | Request)   |  |
| Standard Reque   | est \$10.00 per copy<br>by Personal check or money order (p   | Number of Copi   |  |
| USA Employm  | nent (No Charge)  |  |  |
| B 44 F 1 11 02 2   | 00.41   |  |  |
| Pursuant to Federal Law 93-38 information is transferred only  | y on the condition Amount   | DENT ACCOUNTING'S USE C<br>t Paid:   | NLY REGISTRAR'S USE ONLY Holds:  |
| that you will not permit any or  | ther party to have  | <del></del>  | -   <u> </u>   |