



REQUEST FOR TRANSCRIPT FORM

Doctoral Master's Bachelor's Continuing Education

Name: _____ Home Phone: (____) ____ - _____
Cell Phone: (____) ____ - _____ Email Address: _____
Social Security Number (Optional) OR USSA Student ID #: _____

This is to authorize and request the release of my academic record at the address which I have specified below.

Request will not be processed without a signature.

Signature: _____ Number of Copies: _____

Mail transcript as indicated below: (please include any special instructions, such as "hold for grades") (If you select FedEx delivery options, provide full street address, as FedEx does not deliver to PO Boxes.)

POLICIES GOVERNING TRANSCRIPTS OF RECORD

There is a \$10.00 charge for each transcript (official and/or unofficial).

In addition to the \$10 charge, if you wish to receive your transcript by FedEx delivery instead of US Mail, please select one of the following options:

FedEx Overnight Delivery: \$47 _____

FedEx 2-Day Delivery: \$26 _____

Transcript requests are processed as rapidly as possible, in order of receipt of application. Requests should be made well in advance of need. No transcript of a student's record will be issued for a student whose financial obligations to the Academy have not been satisfied.

There are two types of transcripts. Please check which type is required:

- OFFICIAL transcripts are sent to schools, prospective employers, etc., as designated by the student.
- UNOFFICIAL transcripts for the student's use, do not bear the seal of the Academy. They must be sent directly to the student. Unofficial transcripts are stamped "ISSUED TO STUDENT."

Payment Method (check box)

Check/Money Order OR Debit/Credit Card

Circle Credit Card Type: Visa M/C DISC Expiration Date: _____

Credit Card Number: _____

Credit Card Expiration Date: _____ CVV Code _____ Billing Zip Code _____

Office Use Only: Transcript(s) released: Date: _____ by: _____