

USAO Transcript Request



Date: _____ Student ID or Last 4 Digits of SSN: _____ DOB: _____

Name: _____

Please list all names you have ever gone by:

Phone Number: _____ Email Address: _____

Number of Official Transcripts Requested: _____ Number of Unofficial Transcripts Requested: _____

Are you currently enrolled at USAO? Please select one:

When should transcript be sent? Please select one:

Email Unofficial to: _____

If mailing, please list recipient & mailing address below:

Person/Place: _____

Street Number: _____

City, State, Zip: _____

Student Signature: _____

***Transcripts will NOT be released if there is a hold on your records.**