

Whiddon College of Medicine Official Transcript Request Form

Full Name on USA record: _____
(Last) (First) (Middle)

Other Names: _____

Student ID: J00 _____ **Birth Date (MM/DD/YY):** _____ **Last 4 of SSN:** _____

Address: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Update Address information on USA's Database** Yes ___ No ___

Phone Number: _____ **Email address:** _____

I authorize and request release of a transcript of my academic record at the UNIVERSITY OF SOUTH ALABAMA to the person or institution addressed below. I understand that transcripts will not be issued until all financial obligations to the University are cleared. I understand that the Registrar's Office does not release or reproduce transcripts from other institutions. Requests for such must be directed to the institution concerned.

Signature: _____ **Date:** _____

Delivery Instructions/Information

Transcripts are processed in the order that they are received usually within three (3) business days. Processing time does not reflect delivery time. Transcripts will not be processed or mailed on the days that the University is closed.

Mail Pick Up- ID required Upload to ERAS/ ERAS Fellowship or FSMB Other (Specify) _____

To (Name/Organization): _____

Address: _____

Address 2: _____

City: _____ **State/Province** _____ **Zip Code** _____ **Country** _____

Special Instructions: _____

The transcript released to the student is stamped "Issued to Student ". The student is responsible for determining the recipient's policy for self managed packages that are sealed and signed by the Office of Student Records.

Transcripts are \$15.00 per copy. We will accept a personal check, money order, or credit card for payment.

For Credit Card payment:

Account Number: _____ **Exp. Date** _____ **CVC code:** _____