



# TRANSCRIPT REQUEST

## University of Southern Indiana

Office of the Registrar ■ 8600 University Boulevard ■ Evansville, Indiana 47712  
 phone (812) 464-1762 ■ fax (812) 464-1911

**Requesting a transcript does not withdraw you from current or future registrations. If you wish to withdraw from classes, you must submit the “Withdrawal From All Classes” form with the Office of the Registrar or via MyUSI.**

<b>Student’s Name:</b> (last, first MI)	<b>SS#</b> (required for processing)
<b>Previous Name(s):</b>	<b>E-mail:</b>
<b>Number of Copies Requested:</b> (limit 5 free copies)	<b>Phone #</b>

<b>Transcript should be (check one from each column):</b>	
<input type="checkbox"/> Undergraduate transcript only	<input type="checkbox"/> Next business day (see NOTES below)
<input type="checkbox"/> Graduate transcript only	<input type="checkbox"/> After grades are recorded for this semester
<input type="checkbox"/> Both Undergraduate & Graduate	<input type="checkbox"/> After my graduation is recorded

<b>I would like the transcript(s) (choose one):</b>
<input type="checkbox"/> Available for me to pick up.
<input type="checkbox"/> Mailed to the name and address listed below (Please <b>print clearly</b> the name and address of the institution or person that you wish to receive the transcript):
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

<b>Special Instructions:</b>
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<b>NOTES:</b> <ol style="list-style-type: none"> <li>1. Transcript requests will be processed in the order they are received</li> <li>2. Transcripts to be mailed may take two (2) business days to process</li> <li>3. One mailing address per request.</li> <li>4. Transcripts requested to be picked up will be available the next business day following receipt of the request</li> </ol>
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The Family Educational Rights and Privacy Act of 1974 requires the written signature of a student to release information pertaining to the academic records of said student. I hereby give my consent to the officials of the University of Southern Indiana to release an official transcript of my permanent academic record to above addressee.

<b>Student’s Signature:</b> <small>NOTE: Requesting a transcript will <u>not</u> result in withdrawal from USI.</small>	<b>Date:</b>
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<div style="background-color: #f4a460; padding: 5px; border: 1px solid black;"> <b>FOR OFFICE USE ONLY</b> </div>	<b>Holds</b>	<b>Date Sent:</b>
<b>APPROVED</b>	<b>CGT</b>	<b>HCT</b>
<b>By:</b>		