# The University of Southern Mississippi
**Office of the University Registrar**
**118 College Drive #5006**
**Hattiesburg, MS 39406-0001**
**Phone: (601) 266-5006  Fax: (601) 266-5816**


## REQUEST FOR TRANSCRIPT

All transcript requests must be made in writing. Fill out this form completely (including hand written signature) and either mail or fax to the address listed above. All information listed on this form is required to avoid a delay in processing your request. Please allow 48-72 hours for processing your request after it has been received in the office. No transcript will be issued for students who have outstanding financial obligations to the University.

**Please print or type:**

**Name: _____**
**First  Middle  (Maiden, if applicable)  Last**

**Are you currently enrolled at USM? [ ] Yes  [ ] No**
**If no, please list the last date of attendance: _____**
**Do you have a degree from USM? [ ] Yes  [ ] No**
**If yes, please list degree type and year received: _____**

**SSN/Student ID: _____  Date of Birth: _____**

**Daytime phone number: _____  No. of copies needed: _____**

**Current Mailing Address:**

**_____**

**_____**

**_____**

**{ } Send transcript now**

**{ } Send transcript after current grades are posted**

**{ } Send transcript after degree recorded**

**Mail Transcript To:**

**_____  _____**

**_____  _____**

**_____  _____**

**SIGNATURE: _____**