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# University of South Alabama
## Center for Continuing Education and Conference Services
## Request for Transcript of Non-Credit Courses

### Instructions

Please print legibly and complete blocks 1 – 7. You must sign this request before the Department of Conference Activities and Special Courses can release your transcript or course completion verification. Use one form per addressee.

Transcripts issued to the student MUST be stamped "ISSUED TO STUDENT".

Transcripts or course completion verifications will not be released to a third party without the student's written permission.

Return this **signed request** with **$5.00 payment** to the Department of Conference Activities at the address above.

**1 Identification Information**

**Name: Full** _____
**(First)** **(Middle)** **(Last)**

**Previous Name:** (if applicable): _____

**SSN:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **Day Telephone:** _____

**2 Student Address Information**
Enter the address where you would like to receive notification when the transcript request is processed.

**Address:** _____

_____

_____

**City:** _____

**State/Province:**_____ **Zip/Postal Code:** _____

**Country/ Nation:** _____

**Email:** _____

**3 Delivery instructions**

☐ **Mail** ☐ **Pick-up**
Photo ID required. Transcript will be mailed if not picked up within ten days.

**Name/Organization:** _____

_____

**Address:** _____

_____

_____

**City:** _____

**State/Province:**_____ **Zip/Postal Code:** _____

**Country/ Nation:** _____

**4 Number of copies:** _____

**5 Special Instructions:** _____

_____

_____

**6 Credit Card Information:** ☐ **Master Card** ☐ **VISA**

**Card#** _____ **Exp. Date** _____/_____

**7 Authorization (**Required)

**Signature:** _____ **Date:** _____

**For Office Use Only**
Prepared by: _____

Mailed/Picked up on: _____

**You must Sign this Request.**