



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO · SCHOOL OF LAW · TRANSCRIPT REQUEST FORM
OFFICE OF THE LAW REGISTRAR
2130 FULTON STREET, KENDRICK HALL, 220
Telephone: (415) 422-6778 Fax: (415)-422-4199

Fees: Transcripts cost \$5.00 each (standard service). Expedited is \$20.00 each (must be received before 2pm) for same day service.

Processing Time: Allow 3 business days (specifically, 72 hours) for processing except during the drop/add & final examination periods of each semester. Transcripts are processed between 8:30am-5:00pm.

Drop/ Add periods*: Jan. 3-20; Aug. 18-Sep. 2 and **Final exam periods*:** May 3-20, Dec. 4-17

* Records requested during these periods will take longer to process; estimated 7-10 working days

Delivery: No charge for standard mail service. Expedited FedEx: (actual charge) is charged to the requestor's credit card.

Student ID (SID) _____ Name (print) _____

Birth date _____ Today's Date _____ Email address _____

Tel. No. _____ (in case of delays) Signature _____

- Are you currently enrolled in the School of Law? Yes ___ No ___
a) **If no to above:** i) Please estimate your last semester of attendance: _____
ii) Were you a non-USF student, i.e. visitor or consortium student? Yes ___ No ___

- TRANSCRIPT REQUEST FEES: Transcripts cost \$5.00 each. Expedited transcript service is \$20.00 each.
Please choose one:
Processing: Standard ___ Expedited ___
Delivery: Standard ___ Expedited ___ (FedEx cost will be charged to credit card provided)

No. of copies _____ I will pickup _____ or Send to address listed below _____

SPECIAL INSTRUCTIONS

- Hold transcript for:

a) Final grades	Fall _____	Spring _____	Summer _____
b) Degree Conferral	Fall _____	Spring _____	Summer _____
c) Honors notation	Fall _____	Spring _____	
- Other _____

* PLEASE NOTE: Transcripts issued by other schools will not be copied or released to a third party. Students must obtain transcripts directly from the institution where the work was completed

- Mailing address(es) for above request: (If more than two, please attach a separate sheet listing all addresses)

- Type of card (circle one) MasterCard / Visa / AMEX Expiration Month: _____ Expiration Year: _____
Credit Card Number: _____ Full name on card: _____
(required on faxed forms)

TO SUBMIT: Please fax to: (415) 422-4199, mail, or submit in person.

NOTE: Emailed requests are not accepted. Due to FERPA regulations USF cannot send a transcript via email.

OFFICE USE ONLY

Received Date & Time: _____ Amount Paid _____ Amount Due _____

Charge confirmation number: _____ Received by Staff Initial: _____ Completed by Staff Initial: _____