

Paralegal Program  
Transcript / Certificate Request Form



Name: \_\_\_\_\_

Name on previous records (if different): \_\_\_\_\_

USD ID# or SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

When did you attend the Paralegal Program?  Day  Evening Year: \_\_\_\_\_

Term(s):  Spring  Summer  Fall Graduation Date: \_\_\_\_\_

Replacement Certificate: \$15 --- Official Transcript: \$15 per copy

I am requesting a replacement certificate be sent to the address listed above.

I am requesting \_\_\_\_\_ copies of my official transcript be sent to the address(es) below.

*\* If requesting multiple copies to the same address, please indicate if they should be sent in separate envelopes.*

Please send \_\_\_\_\_ copies of my official transcript to:

Name/School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Separate envelopes?  
 Yes  No

Please send \_\_\_\_\_ copies of my official transcript to:

Name/School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Separate envelopes?  
 Yes  No

Please send \_\_\_\_\_ copies of my official transcript to:

Name/School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Separate envelopes?  
 Yes  No

I have submitted or will submit payment for the above request by:  Credit/Debit Card  
 Check/Money Order

Instructions for submitting this form and payment are listed at [www.sandiego.edu/pce/paralegal/alumni](http://www.sandiego.edu/pce/paralegal/alumni).  
Requests will be honored only if financial obligations to the University have been met.

*In compliance with the Privacy Act of 1974, the University of San Diego prohibits any person other than the student from requesting copies of school records.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_