

Transcript Request

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Student Success

Office of the Registrar

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SPECIAL INSTRUCTIONS:

Notarized Transcript

Hold for:

Current Term Grades: Spring / Summer / Fall Year _____

Current Term Degree Posted: Spring / Summer / Fall Year _____

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TO ORDER TRANSCRIPT BY MAIL

Attach your check or money order (\$10 per copy) made payable to the University of South Florida to this form and mail to:

Transcript Request
USF Student Payments
P.O. Box 946571
Atlanta, GA 30394-6571

Student Signature _____ Date _____

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Date _____ Payment Type _____

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