

You may obtain a copy of your USF Continuing Education participant record by completing a request form. The participant record includes the following:

- Courses you enrolled in, withdrew or transferred from
- Courses for which you were awarded an equivalency
- Any applicable continuing education units (CEUs) awarded
- Number of contact hours
- Completion of any USF Continuing Education Certificate Program

You must provide a fully completed, signed request form and have no outstanding financial obligations to the university in order for your participant record to be released. Incomplete requests cannot be processed.

Participant records are not mailed to third parties, so please make sure your mailing address is correct and current on the request form. Your record will be enclosed in a sealed envelope for forwarding to third parties. Fulfilled requests are mailed from the Tampa campus within five working days of receipt.

Payment Details

The fee for a participant record is \$12 per request. We accept Visa, MasterCard, Discover Card, and American Express. Personal checks, money orders, and cash are not accepted per university policy. Continuing Education Registration Services will contact you for credit card payment. There is an additional \$3 fee for postage for addresses outside the United States.

Ordering Instructions

You may mail the completed participant record request form with your signature and date to the address listed below.

You may also bring your completed request form along with your credit card in person to Continuing Education Registration Services located at the same address below. Office hours are Mon.-Fri., 8:30 a.m.-4 p.m. Your request will be processed and mailed to you at the address provided on the form within five working days. The records will be placed in a sealed internal envelope marked "Transcript Enclosed" within the mailed envelope. If you are forwarding the document as an official transcript, do not open the envelope.

Continuing Education Registration Services

University of South Florida
4202 E. Fowler Ave., LIB608
Tampa, FL 33620-6758

PARTICIPANT RECORD REQUEST

All fields are required unless otherwise noted. Your request will not be fulfilled unless fully completed and signed.

Participant information

Request Date: _____

Continuing Education Student ID (optional): _____

Mailing address:

First Name: _____ M.I.: ____ Last Name: _____

Street/P.O.: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Evening Phone: _____ Day Phone: _____

Name and address (if different at the time of registration):

First Name: _____ M.I.: ____ Last Name: _____

Street/P.O.: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Evening Phone: _____ Day Phone: _____

Signature is required to authorize release of transcripts. By signing this form you authorize the release of your Continuing Education records.

Signature of Requestor: _____

Once completed, please print, sign and submit per instructions on page 1.

OFFICE USE ONLY:

Receipt Date: _____ Mail Date: _____ Amt. Received: _____

Registration Processing: _____ Dept. Processing: _____ Extra Postage: _____