

REQUEST FOR OFFICIAL TRANSCRIPT

Only courses taken at the University of Minnesota will appear on your transcript. Requests will not be held for grades or degrees that have not been posted. This request cannot be fulfilled if you have a financial hold preventing issuance of transcripts. Incomplete forms may be returned to you for additional information.

Questions?

See page 2 for your campus contact information

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information				
Name First		Middle	Last	
Name used while attending (if different than current) First		Middle	Last	
Student ID Number	Social Security number (optional)	Birthdate (mm/dd/yyyy)	Phone (include area code)	
Current mailing address			Order an official transcript to this address? <input type="checkbox"/> yes <input type="checkbox"/> no	
Street			City	State
			ZIP Code	Country
Signature (required)		Date	Email	
University of Minnesota coursework: _____ term/year to term/year			Receiving use only	
Campus Location _____ to _____				
<input type="checkbox"/> Name of U of M College(s) _____ to _____				
<input type="checkbox"/> CCE (Extension) _____ to _____				
<input type="checkbox"/> CEU _____ to _____				
<input type="checkbox"/> Other _____ to _____				
SECTION B. Order summary				
Type of service (all times are CST)	Quantity	Cost	Total	
Regular service (Mailed within 1 business day. Allow sufficient time for delivery by U.S. Mail, with up to three weeks for international mail.)		\$12 each		
Priority overnight (next-business-day delivery by 3 p.m. to most U.S. addresses if order is received by 2 p.m.)		\$12 each transcript \$15 delivery fee for each address		
International priority (2-5 business day delivery time for orders received by 2 p.m.)		\$12 each transcript \$20 delivery fee for each address		
SECTION C. Payment information				
Check one method of payment		Amount enclosed	office use only	
<input type="checkbox"/> Cash		\$ _____	<input type="checkbox"/> CCE <input type="checkbox"/> CEU holds: <input type="checkbox"/> yes <input type="checkbox"/> no ___ # mailed/faxed ___ # given processed by Staff Initials: _____ date: _____	
<input type="checkbox"/> Check or money order payable to the University of Minnesota		\$ _____		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Diner's Club <input type="checkbox"/> Discover Card <input type="checkbox"/> AmEx		\$ _____		
Account #: _____ / _____ / _____ / _____				
Expiration date: ____ / ____				

IMPORTANT: Go to the other side of this page to complete delivery addresses and details.



To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



Current name (first, middle, last)	Name used while attending (if different than current)	Student ID number
------------------------------------	---	-------------------

SECTION D. Delivery addresses and order details

Please note: Priority Overnight and International Priority Service cannot be delivered to a P.O. box, Army Post Office (APO) address, or Fleet Post Office (FPO) address. You must complete the first page of this document for this form to be processed.

Name of organization	Quantity <input type="checkbox"/> Regular service <input type="checkbox"/> Priority Overnight <input type="checkbox"/> International Priority <input type="checkbox"/> Total number of copies mailed to this address
Address	
Special instructions	Recipient phone (required for Overnight and Intl. Priority)

Name of organization	Quantity <input type="checkbox"/> Regular service <input type="checkbox"/> Priority Overnight <input type="checkbox"/> International Priority <input type="checkbox"/> Total number of copies mailed to this address
Address	
Special instructions	Recipient phone (required for Overnight and Intl. Priority)

Name of organization	Quantity <input type="checkbox"/> Regular service <input type="checkbox"/> Priority Overnight <input type="checkbox"/> International Priority <input type="checkbox"/> Total number of copies mailed to this address
Address	
Special instructions	Recipient phone (required for Overnight and Intl. Priority)

Name of organization	Quantity <input type="checkbox"/> Regular service <input type="checkbox"/> Priority Overnight <input type="checkbox"/> International Priority <input type="checkbox"/> Total number of copies mailed to this address
Address	
Special instructions	Recipient phone (required for Overnight and Intl. Priority)

Return this form to:

**Crookston
Office of the Registrar**
 9 Hill Hall
 2900 University Avenue
 Crookston, MN 56716
 218-281-8548
 (fax) 218-281-8549

**Morris
Office of the Registrar**
 212 Behmler Hall
 600 East 4th Street
 Morris, MN 56267
 320-589-6030
 (fax) 320-589-6025

**Twin Cities
One Stop Student Services**
 130 Coffey Hall, 1420 Eckles Ave
 St. Paul, MN 55108
 612-626-4432
 (fax) 612-625-4351

**Duluth
Transcripts**
 184 Darland Administration Bldg
 1049 University Dr.
 Duluth, MN 55812
 218-726-8000
 (fax) 218-726-8219

**Rochester
Student Resource Center**
 Suite 369, 300 University Square
 111 South Broadway
 Rochester, MN 55904
 507-258-8457
 (fax) 507-258-8021

On campus (with photo ID):
 333 Science Teaching & Student Services
 130 West Bank Skyway
 130 Coffey Hall, St. Paul