SECTION A. Student information

Name (last, first, middle initial)

POSTSECONDARY EDUCATION HISTORY Request for academic transcripts

The Office of Student Finance (OSF) has received the results of your 2023-2024 Free Application for Federal Student Aid (FAFSA). However, we have incomplete information regarding the number of postsecondary institutions (e.g., colleges, universities, technical and business institutes, and military educational experience) you have previously attended or completed. Please complete the following information and return this form to the address above.

Academic Year 2023-2024

RETURN FORM:

IN PERSON ON CAMPUS TO: 333 Robert H. Bruininks Hall

BY MAIL TO:

Office of Student Finance 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252

Phone: 612-624-1111

TTY (hearing-impaired): 612-626-0701

University ID

Email: onestop@umn.edu

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

ECTION B. Documentation			
List the name of every postsecondary institution you have a Include the University of Minnesota, Twin Cities.	attended, including the cit	ty and state in which it is	s located.
 If you do not have an undergraduate degree, you must s institution you attended. You do NOT need to submit a Univ 		•	school or
 If you attended a school outside the United States, incluyou attended the school through a United States school (the States school below. 		•	
If you have not attended a postsecondary institution, p	lease print "none" on line	1.	
 If you served in a branch of the United States Military, a documenta-tion of all educational experience or training. A 	• • • • • • • • • • • • • • • • • • • •	• • •	
Name of school	Dates attended (mm/yy to mm/yy)	City	State
1.			
2.			
3.			
4.			
5.			
6.			
☐ Check here if you attended more than six schools; list the c	other schools on the back	of this form.	'
ECTION C. Certification			
ou must sign this form certifying that the information you provide his form may be sufficient cause, in and of itself, for cancellation			
		Date signed	

