

**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. Complete this form as thoroughly as possible, if additional information is needed the form may be returned to you. This form cannot be scanned and emailed. You must submit by mail, fax, or in-person to the appropriate University office. Please see page 2 for campus contact information.

**Questions?**

See page 2 for campus contact information

SECTION A. Student information			
Name First		Middle	Last
Name used while attending (if different than current) First		Middle	Last
University ID	Last 4 digits of SSN (optional)	Birthdate (mm/dd/yyyy)	NOTE: If you don't have a Social Security Number you must enter your birthdate

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

SECTION B. Additional information				
Current mailing address Street	City, State	ZIP	Country	Daytime Phone (include area code)
Signature (required)		Date	Email	
<b>University of Minnesota coursework</b> (if known):		<b>term/year</b>	<b>term/year</b>	
Campus Location: _____		_____	to _____	Receipting and office use only <input type="checkbox"/> CCE <input type="checkbox"/> CEU   holds: <input type="checkbox"/> yes <input type="checkbox"/> no _____ # mailed   _____ # given  processed by: Staff Initials: _____   date: _____
<input type="checkbox"/> Name of U of M College(s): _____		_____	to _____	
<input type="checkbox"/> Independent Study/Evening Classes (pre-1999)		_____	to _____	
<input type="checkbox"/> Continuing Education Units (CEU)		_____	to _____	
<input type="checkbox"/> St. Luke's School of Nursing (Duluth only)		_____	to _____	
<input type="checkbox"/> Other: _____		_____	to _____	

SECTION C. Order summary			
Type of service (all times are Central Time)	Quantity	Cost	Total
<b>Regular service</b> (Mailed within 1 business day. Allow sufficient time for delivery by U.S. Mail, with up to three weeks or more for international mail.)		\$15 each	
<b>Priority overnight</b> (next-business-day delivery by 3 p.m. to most U.S. addresses if order is received by 2 p.m., cannot be mailed to a PO Box)		\$15 each transcript + \$15 delivery fee for each address	
<b>International priority</b> (2-5 business day delivery time for orders received by 2 p.m., cannot be mailed to a PO Box)		\$15 each transcript + \$25 delivery fee for each address	

SECTION D. Payment information	
Check one method of payment	Amount enclosed
<input type="checkbox"/> Cash (in-person orders only)	\$
<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 a Disabilities Resource Center 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)	University ID
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**SECTION E. 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 other side of this page for this form to be processed.

**Recipient 1**

Name of recipient			
Mailing address (priority or regular mail service)	Apt #	<input type="checkbox"/> Priority service	<input type="checkbox"/> Regular mail
P.O. box number (no priority service available)			
City	State	ZIP Code	Country
Number of transcripts sent to this address		Recipient phone (required for priority service)	
Special instructions			

**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

**Duluth**  
**Transcripts**  
 184 Darland Administration Bldg  
 1049 University Dr.  
 Duluth, MN 55812  
 218-726-8000  
 (fax) 218-726-6144

**On campus (with photo ID):**  
 One Stop Student Services  
 23 Solon Campus Center

**Recipient 2**

Name of recipient			
Mailing address (priority or regular mail service)	Apt #	<input type="checkbox"/> Priority service	<input type="checkbox"/> Regular mail
P.O. box number (no priority service available)			
City	State	ZIP Code	Country
Number of transcripts sent to this address		Recipient phone (required for priority service)	
Special instructions			

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

*(Submit form to Twin Cities or order online for Priority Overnight and International Priority requests.)*

**Rochester**  
**Student Resource Center**  
 Suite 369, 300 University Square  
 111 South Broadway  
 Rochester, MN 55904  
 507-258-8069  
 umr1stop@r.umn.edu  
 (fax) 507-258-8021

**Recipient 3**

Name of recipient			
Mailing address (priority or regular mail service)	Apt #	<input type="checkbox"/> Priority service	<input type="checkbox"/> Regular mail
P.O. box number (no priority service available)			
City	State	ZIP Code	Country
Number of transcripts sent to this address		Recipient phone (required for priority service)	
Special instructions			

**Twin Cities**  
**Office of the Registrar**  
 200 Fraser Hall  
 106 Pleasant St SE  
 Minneapolis, MN 55455  
 612-624-1111  
 (fax) 612-625-4351

**On campus (with photo ID):**  
 One Stop Student Services  
 333 Bruininks Hall