

REQUEST FOR OFFICIAL TRANSCRIPT

Questions?
See page 2 for campus contact information

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.

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		
University of Minnesota coursework (if known):		term/year	term/year		
Campus Location: _____		_____	to _____	Receiving and office use only	
<input type="checkbox"/> Name of U of M College(s): _____		_____	to _____	<input type="checkbox"/> CCE <input type="checkbox"/> CEU holds: <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> Independent Study/Evening Classes (pre-1999)		_____	to _____	_____ # mailed _____ # given	
<input type="checkbox"/> Continuing Education Units (CEU)		_____	to _____	processed by:	
<input type="checkbox"/> St. Luke's School of Nursing (Duluth only)		_____	to _____	Staff Initials: _____ date: _____	
<input type="checkbox"/> Other: _____		_____	to _____		

SECTION C. Order summary			
Type of service (all times are Central Time)	Quantity	Cost	Total
Regular service (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	
Priority overnight (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	
International priority (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, call the Disability Resource Center at 612-626-1333. 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.



Please recycle.

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
 139 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