



REQUEST FOR OFFICIAL TRANSCRIPT

Student name (current last name, first name, middle, former)	Name(s) used while attending
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In this box below, print legibly the name and complete mailing address where you want your transcript(s) sent. Incomplete information could result in a delay in processing your transcripts. Use the second sheet of this request for additional addresses. To fill in this form online, place the text tool in a field and type. Print the completed form to add the required signature.

Scott Davenport
U of MN Medical School
MMC 293 B626 Mayo
420 Delaware Street SE
Minneapolis, MN 55455

- Rush request
- Fax request
- Regular request

Number of copies to this address: 1

Current student address (street, city, state, zip code)	E-mail address/cell phone
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Student ID number	Social Security number	Date of birth (mm/dd/yy)	Day phone number ()
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- If you will be sending this official transcript to another institution, our office will sign and seal the mailing envelope. **Please do not open it.**
 - If this official transcript is for your use only our office will stamp it "Issued to Student."
- Fax service is \$10.**
Do you want us to fax the transcript? Yes No
You must provide fax number: ()

Special instructions (NOTE: Transcripts are not held for missing grades or for the recording of degrees.)
***** TRANSCRIPT MUST BE PRINTED ON WHITE PAPER*** INTERCAMPUS MAIL PLEASE**

DIRECTIONS (Only official transcripts are faxed or mailed.)

- To ensure prompt processing, provide all information requested.
- Transcripts are not sent if you have any financial obligations to the University.
- **Regular service is \$5 for each transcript (processed in two to three business days and mailed to the address(es) you specify). Rush service is \$10 for each transcript (processed the same day and issued to you or sent via U.S. mail). Fax service is \$10 for each transcript (transcript faxed, and an original sent via U.S. mail to the same address, on the same day request is received).**
- Attach a check or money order payable to the University of Minnesota or provide appropriate credit card information (type of card, card number, expiration date). Print your ID number on the check or money order. **NOTE: Overpayments of \$5.00 or less will not be refunded.**

List your attendance for every kind of coursework you have taken at the University of Minnesota.

TYPE OF COURSEWORK	FROM (term/yr)	TO (term/yr)	TYPE OF COURSEWORK	FROM (term/yr)	TO (term/yr)
College:			Independent and Distance Learning (Correspondence/Independent Study)		
College of Continuing Education (Continuing Education and Extension)			MacPhail Center		

Degrees and certificates you have received from the University of Minnesota (include the term/yr received)

Prepayment is required. Check the method of payment: Check or money order Cash Indicate the amount attached: \$ _____
 Charge to my: Discover card VISA MasterCard

Credit card number: _____ Expiration date: ____ / ____

Complete billing address (billing address is where monthly statement is sent for card being used): _____

STUDENT SIGNATURE	Date	fee validation
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for office use only

holds/FERPA <input type="checkbox"/> Yes <input type="checkbox"/> No	taken in by: initials: _____ date: _____	processed by: initials: _____ date: _____	transcript mailed: initials: _____ date: _____
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Transcripts, 130 Coffey Hall, 1420 Eckles Avenue, St. Paul, MN 55108-6054 (phone: 612-626-4432; fax: 612-625-4351);
onestop.umn.edu/registrar/transcripts/index.html

