

Name: \_\_\_\_\_  
*Last First Middle*

Name used when attending the institution (if different from above):

\_\_\_\_\_ *Last First Middle*

Month and year of last attendance: \_\_\_\_\_  
*Month Year*

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Total number of official transcripts requested: \_\_\_\_\_

Send transcript(s) to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you wish the transcript to be sealed?    Yes    No

- Hold transcript until current grades are entered
- Hold transcript until degree is entered
- Please send transcript immediately

\_\_\_\_\_ *Student Signature Date*

After this form is signed and dated, return via mail to:

**Registrar**  
**Saint Mary's University of Minnesota**  
**700 Terrace Heights #37**  
**Winona, Minnesota 55987-1399**

or fax to:  
**507-457-6698**

**Please note:** There is no fee for transcripts, except \$5.00 per transcript will be charged if more than 10 are ordered within a six-month period.