

## REQUEST FOR OFFICIAL TRANSCRIPT

Name:			
	Last	First	Middle
Name used when at	tending the institution (if di	fferent from above):	
	Last	First	Middle
Month and year of la	ast attendance:	Month	Year
Last 4 Digits of Soci	al Security Number:		
Email:		Teleph	one Number:
Total number of office	cial 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 grad	es are entered	
Hold transcript until degree is entered			
Pleas	e send transcript immediat	rely	
Studer	nt 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 by fax to: 507-457-6698			Please note: While there is generally no fee for transcripts, a \$5.00 per transcript fee will be charged if more than 10 transcripts are ordered within a six-month period.