

REQUEST FOR
SAINT MARY'S UNIVERSITY
OFFICIAL TRANSCRIPT

Please type or print clearly:

Name: _____
First Middle Last

Name used when attending Saint Mary's University:

First Middle Last

Social Security Number: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If applicable to your request, check one of the following statements:

- Do not send transcript until my degree has been posted.
- Do not send transcript until grade(s) has/have been entered for course(s):

Number of transcripts requested: _____

Qty. [] Issued to Student

Qty. [] Issued to name/address below:

Address to which transcript is to be mailed (use back of page for ordering more than one):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Student Signature:

Date:

Mail this request to:

Transcript Request
Saint Mary's University of Minnesota
2500 Park Avenue
Minneapolis, MN 55404-4403
or fax to: (612) 728-5121
or scan and email to: tcregistrar@smumn.edu

PLEASE NOTE:

There is no fee for transcripts unless more than 10 transcripts have been ordered within a six month period. After that, there will be a \$5.00 fee assessed for each transcript ordered during that six month period.

For Office Use Only: Sent: _____

Picked up: _____