



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 #: _____

Telephone #: _____

Total number of official transcripts requested: _____

Name: _____

Street: _____

City, State, Zip: _____

Do you wish the transcript to be sealed? Yes No

_____ *Student Signature Date*

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

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

or fax to:
507-457-6698

WINONA CAMPUS