

# TRANSCRIPT REQUEST FORM

Please Print & Press Hard

Submit this form by mail or fax. FEES: \$5 charge per transcript request. Visa, Mastercard, Discover accepted. Transcripts will NOT be faxed.

Questions: **651/779-3950**

**651/779-3299**

Fax: **651/773-1708**

Current Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Former Name(s) \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID or Complete SSN (required) \_\_\_\_\_ Birthdate \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Signature required to release transcript \_\_\_\_\_

Please check all schools attended: Include your major & approximate years of attendance

**Century College** \_\_\_\_\_  
 **Lakewood College** \_\_\_\_\_  
 **Northeast Metro, 916** \_\_\_\_\_  
 **H.S. or PSEO** \_\_\_\_\_

**Continuing Education:** Please request transcript by calling 651-779-3341.

**FEES:** \$5.00. Transcript will be mailed or available for pick-up within three business days. Add \$5.00 for **RUSH** service. Transcript will be mailed (regular U.S. mail) within 24 hours or will be available for pick-up within one hour. (Please Note): Northeast Metro 916 transcripts cannot be processed using the rush service.

\*\*Transcripts may be requested by fax, mail or in person.

**FAX:** 651-773-1708 You must pay by credit card if making a faxed request. (**FAX RECEIVED IN LOCKED AREA**).

**MAIL:** Transcript will be mailed (regular U.S. mail) in 3 business days upon receipt of request. (Please allow three business days to confirm receipt of transcript request).

**PICK-UP:** (Transcripts held for pick up must be claimed within 60 days.) WILL PICK UP \_\_\_\_\_

**PERMISSION** for pick-up by a designated person: (Photo ID Required)

Full Name \_\_\_\_\_ Relationship to transcript requestor \_\_\_\_\_ Date \_\_\_\_\_

**INCOMPLETE FORMS**, no **PAYMENT** enclosed, or **CHANGES** in the original request may cause delay. Transcripts will not be issued if student has a **BALANCE OR HOLD** on their record.

**SEND TRANSCRIPT TO:** (You are creating a mailing label. Correct address is student's responsibility.)

Institution or Name of Third Party \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check only 1 that **MAY** apply.

**Hold for grade(s)**

**Hold for degree(s)**

Check only if applicable

**Hold for grade change(s)**

## CREDIT CARD DATA

**Card Holder's Name** \_\_\_\_\_ **Card Holder's Zip Code** \_\_\_\_\_

**Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

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

Fee - \$5.00 Rush Service? (Add \$5.00) Yes \_\_\_ No \_\_\_ Total Amount Paid \_\_\_\_\_