Request for Official Transcript

Complete this request form carefully. Your request will be returned if information and/or required payment are missing. Submit your request by mail, fax, or in person. For the fastest service and additional options, you may order official transcripts online at **z.umn.edu/OrderTranscript**. Do not scan and email this form; it is not allowed. Contact your campus for assistance (see page 2).

Transcripts are not held for final grades or degrees. Official transcripts will not be issued if you have certain types of holds on your record. Outstanding debt with the University often prevents release of your academic record and official transcript.

Submit this form

See page 2 for campus contact information.

Order online at <u>z.umn.edu/OrderTranscript</u>.

Receipting and office use only								
holds: yes [☐ no	charge: yes	☐ no					
# mailed	# give	en						
Staff initials:		Date:						

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

Section A. Student informa	ation									
All fields in Section A are required u	nless marked optional.				·					
First name	Middle			Last						
Name used while attending (first, m	iddle, last)									
University ID number (if known)		Birthdate (mm/dd/yyyy)				Last 4 digits of SSN (optional)				
Mailing address		City	State	Zip		Country				
Email					Phone (include area or country code)					
Section B. Order summary	,									
*Each transcript is \$15.00 for those Options (PSEO), or Talented Youth All shipments sent to an internati	Mathematics Program (I	JMTYMP).		-		ondary	Enrollment			
Choose a delivery method. All tim	es are Central time zone	9.	Transcript for	ee Shippi	pping fee Quan		tity needed	Subtotal		
Regular service via US Mail Mailed within 1 business day. Allow	No charge or \$15.00*	No cha	No charge							
Priority Overnight - Submit this for Next business day delivery by 3:00 received by 2:00 p.m. This method	No charge or \$15.00*	\$15.00	\$15.00							
Section C. Student authori	zation (required)									
Signature					Date					
Section D. Payment inform	nation									
Choose one payment method. Amount enclosed:										
Cash (in-person orders only)							ini enciosea.			
☐ Check or money order payable to the University of Minnesota						Amount enclosed:				
MasterCard AmEx Discover Card	ird number / /	//_	. – – –	Expiration of/ CVV	-	Amou	nt enclosed:			

Continue to page 2 to enter delivery address(es).

To request copies of this form in an alternative format, call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

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Request for Official Transcript

SECTION E. Stu	ıdent	information								
Current name (first, r	middle,	last)	Name used while attending (if different than current)			University ID number				
SECTION F. Del	ivorv	addrossos								
	<u> </u>		ho dolivor	nd to	2 P.O	hov /	\rmv D	ost Office	(APO) addross	s, or Fleet Post Office (FPO)
		olete the other side							(APO) address	s, or rieet rost office (rro)
Recipient 1										Submit this form
Name of recipient Recipient phone (required for priority service)				ority service)	For priority overnight requests, submit form to the Twin Cities campus or order online at					
Mailing address (priority or regular mail service)			1		P.O. box number	z.umn.edu/OrderTranscript Crookston				
City	State			ZIP C	IP Code Country			Office of the Registrar 9 Hill Hall 2900 University Avenue Crookston, MN 56716		
Choose one:	Reg	ular mail	Priority se	ervice	,	Includ	e attac	hment?]Yes □No	218-281-8548 (fax) 218-281-8549
Number of transcri sent to this addres		Special instruction	S							Duluth Office of the Registrar 139 Darland Administration Bldg
Recipient 2										1049 University Dr. Duluth, MN 55812 218-726-8000
Name of recipient				Rec	ipient	phone	(requi	red for pri	ority service)	(fax) 218-726-6144
Mailing address (priority or regular mail service)					Apt #		P.O. box number	On campus (with photo ID): One Stop Student Services 23 Solon Campus Center		
City			State ZIP Code Country			Morris One Stop Student Services 105 Behmler Hall 600 East 4th Street				
Choose one:	Reg	ular mail \Box	Priority se	ervice	,	Includ	ude attachment? Yes No			Morris, MN 56267 320-589-6046
Number of transcri sent to this addres		Special instruction	S							(fax) 320-589-1673 Rochester
										One Stop Student Services Suite 369, 300 University Square
Recipient 3										111 South Broadway Rochester, MN 55904
Name of recipient				Rec	ipient	phone	(requi	red for pri	ority service)	507-258-8069 (fax) 507-258-8021
Mailing address (priority or regular mail service) Apt # P.O. box number						Twin Cities Office of the Registrar 160 Williamson Hall 231 Pillsbury Dr. SE				
City			State	State ZIP Code Country			Minneapolis, MN 55455-0252 612-624-1111 (fax) 612-625-4351			
Choose one:	ose one: Regular mail Priority service Include attachment? Yes No]Yes □No	On campus (with photo ID):			
Number of transcri sent to this addres		Special instruction	S							- 333 Robert H. Bruininks Hall - 130 West Bank Skyway - 130 Coffey Hall, St. Paul

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