

Request for Transcript(s)

SSN/Tech I.D. _____

PLEASE PRINT

Name _____
Last First Middle Previous

Current Address _____

City and State _____ Zip _____

Print name and address in box where you wish transcript sent:*

To:

*If transcripts are to be sent to more than one address, use additional form.

SIGNATURE OF STUDENT _____
5/09

Number of copies _____

- HOLD** request for current term grades.
- HOLD** request until a degree is recorded.
- I will pick up on _____ **(Picture I.D. required)**
- \$10.00 fee (per transcript) for same day, on-campus pick up service.

**There is a \$5.00 charge for each transcript payable at the time requested.
Make check payable to St. Cloud State University OR**

VISA Discover MasterCard

Card # _____ Exp. Date ____/____