

OFFICE OF RECORDS AND REGISTRATION
720 4th AVENUE SOUTH, AS 118
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111
registrar@stcloudstate.edu

REQUEST FOR TRANSCRIPT(S)

Payment for transcript(s) is due upon submission of request.



If you need an official SCSU transcript sent to a Minnesota State College or University, that institution may be able to obtain your SCSU transcript free of charge. Please contact that institution directly for further information. The list of these institutions can be obtained at www.minnstate.edu or at the Office of Records and Registration, AS118.

SCSU I.D. or SSN # _____ Date _____
Month Day Year

Name _____
First Middle Last Previous

Current Address _____

City _____ State _____ Zip Code _____

☐ By checking this box, you consent to use electronic signatures rather than paper documents.

SIGNATURE OF STUDENT _____ (REQUIRED)

REQUEST #1

Number of transcripts: _____

\$10 per transcript

☐ Pick up. Date _____

☐ Mail (Allow 3-5 business days. Make checks payable to SCSU)

Send to the following NAME and address:

☐ Wait to process until current semester grades are finalized

☐ Wait to process until degree is posted

☐ I attended SCSU before 1978

☐ I attended Minnesota State University-Akita

REQUEST #2

Number of transcripts: _____

\$10 per transcript

☐ Pick up. Date _____

☐ Mail (Allow 3-5 business days. Make checks payable to SCSU)

Send to the following NAME and address:

☐ Wait to process until current semester grades are finalized

☐ Wait to process until degree is posted

☐ I attended SCSU before 1978

☐ I attended Minnesota State University-Akita

**For In-Person Service, payments (cash, check or credit card)
are directed to Business Services, AS 123**