

# Request for Official Transcript or Duplicate Award

**PLEASE PRINT CLEARLY.** Fill in ALL information requested below to avoid delays in processing. Transcripts and/or awards will not be released to students who have financial obligations to the College. Please make checks payable to Saint Paul College. Completed forms may be returned in person to the One Stop or by mail to Saint Paul College, Student Records Office, 235 Marshall Ave, Saint Paul, MN 55102.

Student Name (last, first, middle)	Name Attended Under	Student ID or Social Security Number
Current Street Address		Birthdate (MM/DD/YYYY)
City	State	Zip
Email Address		Phone Number

1. Approximate dates of enrollment (MM/YYYY) \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_ Check here if currently enrolled

2. Major program title (or courses only) \_\_\_\_\_

3. Record requested: Choose one

**Official Transcript Request • Regular Service (3 business day processing)**

\$5.00 per copy X \_\_\_ number of copies = \_\_\_\_\_ amount due

\_\_\_ Check here to hold for current semester grades \_\_\_ Check here to hold for award posting

**Official Transcript Request • Rush Service (next business day processing) • Unavailable for coursework prior to 1998**

\$10.00 per copy X \_\_\_ number of copies = \_\_\_\_\_ amount due

**Duplicate Award • 6-10 weeks processing**

\$20.00 per copy X \_\_\_ number of copies = \_\_\_\_\_ amount due

4. Record pick-up/delivery: Choose one

\_\_\_ I will pick-up my record at the One Stop

**(Transcripts available for pick-up after 12pm)**

\_\_\_ Mail my record to my current address (listed above)

\_\_\_ Mail my record to an alternate mailing address: PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Attention (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

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

5. I give Saint Paul College permission to release the requested record to the individual or institution indicated on this form (step 4):

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

Office Use Only – Received  
ID \_\_\_\_\_

HLD \_\_\_\_\_ PD\$ \_\_\_\_\_

APX \_\_\_\_\_

MSIS \_\_\_\_\_

Office Use Only – Sent

# Copies Sent \_\_\_\_\_

Sent by \_\_\_\_\_

Date Sent \_\_\_\_\_

Office Use Only – Picked-up

Sign \_\_\_\_\_

Date \_\_\_\_\_