

Request for Official Transcript or Duplicate Award

STUDENT ID #: _____

For Office Use Only

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.

Student ID# or SSN# _____ Email: _____

Name: _____ Phone: _____
First Middle Last

Name Attended Under: _____ Birthdate: ____/____/____

Address: _____
City State Zip

1. Approximate dates of enrollment (MM/YYYY) _____ to _____ 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)

hold for current semester grades 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 (Room 1300) -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 To: _____

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.

Signature: _____ Date: _____

Submit completed form to One Stop, Room 1300. Please make checks payable to Saint Paul College.

College Use Only

RECEIVED ID _____ HLD _____ PD\$ _____ APX _____ MSIS _____

SENT # Copies Sent: _____ Sent by: _____ Date Sent: _____

PICKED UP Signature: _____ Date: _____