



UNIVERSITY of ST. THOMAS

Transcript Request Form

- Transcripts processed per this request are official university transcripts. Transcripts prepared to be picked up at the registrar's office will be placed into a sealed university envelope and stamped with the signature of the registrar.
- Please enclose a \$3.00 check, cash, or money order / per transcript request. [Note: credit cards not accepted]
- Requests received without payment will be billed at \$5.00 /per copy. Allow 2-3 days for processing. If you attended prior to 1980, allow 5-7 days.
- Transcripts will not be released if there are any financial obligations at the University of St. Thomas.
- We are unable to hold for grade awarding or degree granting. We do not fax transcripts. Please print, complete and send this form to:

Registrar's Office
University of St. Thomas
2115 Summit Avenue, AQU 106
St. Paul, MN 55105-1078
Fax: 651-962-6710

OFFICE USE ONLY:
 Date Recv'd: _____ Initials: _____ Amt:\$ _____
 Cash Check (# _____) Money Order
 Billed

Please complete all of the following information

UST ID / SSN:		Daytime Phone #:		Date of Birth: ___/___/_____	
				Email address:	
Last Name:		First Name:		M.I.	All previous name(s)
Student Address:				Did you take any course(s) at UST prior to 1990? * <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list all years of attendance:	
<i>New Address?</i> <input type="checkbox"/> Yes, please update. <input type="checkbox"/> No <i>New Phone?</i> (_____) _____ - _____				* This section needs to be completed accurately to process your transcript request(s).	

The correct recipient address is the sole responsibility of the student.

Walk-in request: _____ number of copies to student (*means student will "wait" for transcript*)
 Student Address: _____ number of copies sent to student address
 Address Below: _____ number of copies sent to address below
 Hold for pick-up: _____ number of copies held for pick-up** (*Note: Transcripts must be picked-up within 30-days*)

**Please indicate if someone other than the student will be picking up the transcript(s) --- and who this will be: _____

Send transcript to (Person/Office):

Send transcript to (Organization/University):

Street Address:

City, State, Zip:

Student Signature:

Date: