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## Request for Official Transcript

(To be sent by student directly to previous institution attended)

\_\_\_\_\_  
Last Name                      First Name                      Middle                      Former Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
Social Security Number and/or Student ID Number                      Dates of Attendance

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

**Please forward an official copy of my academic record to:**

**Office of Undergraduate Admissions  
University of St. Thomas  
Mail #32F-1  
2115 Summit Avenue  
St. Paul, MN 55105-1096**

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