

## Transcript Request

Provide all information requested in the top section of this form and submit it to the college or university from which you are requesting a transcript. Official transcripts bearing the seal of the issuing college or university should be sent directly to the University of St. Thomas.

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Last Name First Name Middle

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Maiden Name (if applicable) Social Security Number

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Years Attended

### The individual listed above is requesting

Official undergraduate transcript :  Yes  No

Official graduate transcript:  Yes  No

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Signature Date

### Please send official transcript to:

On-Campus Program Admissions  
University of St. Thomas  
School of Education  
MOH 217  
1000 LaSalle Ave  
Minneapolis, MN 55403-2009

Custom Degree Program Admissions  
University of St. Thomas  
School of Education  
MOH 217  
1000 LaSalle Ave  
Minneapolis, MN 55403-2009

Please direct any questions to (651) 962-4550 or (800) 328-6819, ext. 2-4550

School of  
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