

# TRANSCRIPT REQUEST FORM



## To the Applicant:

Please complete the information requested and send this form to all post-secondary institution(s) you attended to request your official transcripts. Please photocopy this form for use by additional schools. The institution's transcript fee should be included.

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Last/Family Name

First/Given Name

Middle Name

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College or University from which you are requesting a transcript.

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Years of attendance at above named school

Degree and Year of Graduation (if applicable)

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Social Security Number

Maiden/Former Name

---

Current Address

City

State

Zipcode

---

Phone (home)

Phone (work)

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Birth Month/Birthday (used to match transcripts and applications)

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Signature (I hereby authorize the release of my transcript to the University of St. Thomas).

Date

## To the registrar or appropriate school official:

The above named individual is applying to the School of Engineering at the University of St. Thomas. In support of this application, the candidate authorizes a transcript of his or her academic record be sent directly to the University of St. Thomas at the address below.

Please include the following information about the applicant:

Cumulative Grade Point Average: \_\_\_\_\_

Degree conferred (if applicable): Degree: \_\_\_\_\_ Date: \_\_\_\_\_

University of St. Thomas  
School of Engineering, Mail # OSS 101  
2115 Summit Avenue  
Saint Paul MN 55105-1079