



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.
- FREE transcript processing (effective 7/1/13)
- Average time for processing is 2-3 days (*this does not include mail time*). If you attended prior to 1980, allow 3-4 days.
- Transcripts will not be released if there are any financial obligations at the University of St. Thomas.
- We do not "hold" requests for grade awarding or degree granting.
- Transcripts will be mailed or can be picked up in MHC 126. We do not fax or email official transcripts.
- Please print, complete, and SIGN this form and forward to:

Registrar's Office – MHC 126
University of St. Thomas
2115 Summit Avenue; Mail #5001
St. Paul, MN 55105-1078
Fax: 651-962-6710
Email: registrar@stthomas.edu

OFFICE USE ONLY:

Date Received: _____ Initials: _____
 Misc/note(s): _____

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. [Limit (10) transcripts per day]

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: