



Transcript Request Form

- Transcripts processed per this request are official University of St. Thomas transcripts. All transcripts will be sealed in a University of St. Thomas envelope.
- Please allow 1-2 days for processing-this excludes standard mail time.
- Transcripts will not be released if there are any financial obligations at the University of St. Thomas
- The Office of Student Data & Registrar will not "hold" requests for grade awarding or degree granting
- Transcripts can be mailed or picked up in: MHC 126 -Saint Paul or TMH 251 -Minneapolis
- The Office of Student Data & Registrar does not fax or email official transcripts.

<p>St. Paul Location: Student Data & Registrar -MHC 126 Mail 5001 University of St. Thomas 2115 Summit Ave, St. Paul, MN 55105</p> <p>Fax: 651-962-6710 email: registrar@stthomas.edu</p> <p style="text-align: center;">-or-</p> <p>Minneapolis Location: Student Data & Registrar -TMH 251 1000 La Salle Ave, Minneapolis, MN 55403</p> <p>Fax: 651-962-4707 email: registrar@stthomas.edu</p>	<p>Office Use Only:</p> <p>Date Received:</p> <p>Initials:</p> <p>Misc/note(s):</p>
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Please complete the Information below

St. Thomas ID or SSN:	Phone Number:	Date of Birth:	
		Email Address:	
First Name:	Last Name:	Middle Initial:	Previous Name:
Student Address: Address Line 1: Address Line 2: City/State/Zip: New Address: Yes No New Phone: Yes No		Did you take any course(s) at the University of St. Thomas prior to 1990? Yes No	
The correct recipient address is the sole responsibility of the student. Limit 10 transcripts per day.			
Walk-in Request:	number of copies to student (same day- requestor will wait for processing to be complete)		
Student Address:	number of copies sent to Student Address listed above		
Address Below:	number of copies sent to the address listed below		
Person/Organization: Address Line 1: Address Line 2: City/State/ZIP:			
Hold for pick-up:	number of copies held for pick-up (select one)	MHC 126/ St. Paul Office	TMH 251/Minneapolis Office
Note: Please indicate if someone other than the student Is picking up the transcripts - Name:			
Student's Signature:	Date:		

Note: By signing above, you agree to have your transcript from the University of St. Thomas released.

Please return this form to the Office of Student Data & Registrar located in MHC 126 & TMH 251, by FAX 651-962-6710, or by email registrar@stthomas.edu