



Official Transcript Request

- Transcripts will not be released if there are any financial obligations at the University of St. Thomas
- Transcript requests will not be held awaiting finals grades.

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| St. Paul Location: Student Data & Registrar -MHC 126 Mail 5001 University of St. Thomas 2115 Summit Ave, St. Paul, MN 55105 -or- Fax: 651-692-6710 email: registrar@stthomas.edu Minneapolis Location: Student Data & Registrar -TMH 251 1000 La Salle Ave, Minneapolis, MN 55403 Fax: 651-962-4707 email: registrar@stthomas.edu |
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Please complete the Information below

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| St. Thomas ID or Last 4 of SSN: | Date of Birth: | Phone Number: |
| | | Email Address: |
| Full Name: | | Previous Name: |
| Student Address: Address Line 1: Address Line 2: City/State/Zip: New Address: 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 requestor. 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: | | |
| Transcript Request Reason: Applying to Graduate School Employment, Military, or Licensing/Certification Transferring To Another Institution Withdrawing from the University (not transferring to another institution) Taking a course through transfer to apply to my St. Thomas degree Tuition Remission or Enrollment Verification Other | | |
| Requestor's Signature: | Date: | |