

Official Transcript Request

Note: Transcript requests are processed as soon as possible and will not be held awaiting final grades and/or degree conferral. Transcripts may not be released if you have existing financial obligations at the University of St. Thomas.

STUDENT INFORMATION		
Full Name		St. Thomas ID or Last 4 digits of SSN
Previous Name (if applicable)		Date of Birth
Email		Phone
Mailing Address		
City	State	Zip Code

Quantity Requested (limit 10): _____ **Is this a new address?** Yes No

Did you take any courses at the University of St. Thomas prior to 1990? Yes No

ON-CAMPUS PICKUP		
Where would you like to pick your transcript(s)?	<input type="checkbox"/> St. Paul - MHC	<input type="checkbox"/> Minneapolis - TMH 251

DELIVERY ADDRESS		
<input type="checkbox"/> Same as above		
Person/Organization		
Mailing Address		
City	State	Zip Code

TRANSCRIPT REQUEST REASON
<input type="checkbox"/> Applying to Graduate School
<input type="checkbox"/> Employment, Military, or Licensing/Certification
<input type="checkbox"/> Transferring to Another Institution
<input type="checkbox"/> Withdrawing from the University (not transferring to another institution)
<input type="checkbox"/> Taking a course through transfer to apply to my St. Thomas degree
<input type="checkbox"/> Tuition Remission or Enrollment Verification
<input type="checkbox"/> Other:

REQUESTOR SIGNATURE

X		Date
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Return this form to:
 University of St. Thomas
 Office of Student Data and Registrar, Mail 5001
 2115 Summit Ave, Saint Paul, MN 55105-1096
 registrar@stthomas.edu