

# TRANSCRIPT REQUEST FORM

The College of St. Scholastica, Registrar's Office  
1200 Kenwood Ave. Duluth, MN 55811  
Phone: 218-723-6039 Fax: 218-733-2292

- There is a **\$5.00** fee per official transcript, with a 2-3 day processing time. Fees are payable by cash, check, or credit card. For same day processing of an official transcript, the fee is **\$10.00** per official transcript and the request must be received before 2:00 p.m. that day.
- Unofficial transcripts are free.
- Official transcripts will not be released until the student account balance is paid in full.

Name: \_\_\_\_\_ Former Name: \_\_\_\_\_

CSS ID# (if applicable): \_\_\_\_\_ Birth date: \_\_\_\_\_

**Current** Address: \_\_\_\_\_ CSS Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

☐ By checking this box, I give the Registrar's Office permission to change their records to reflect the above address.

☐ Currently Enrolled ☐ If Not Current, Last Year Enrolled: \_\_\_\_\_

Official (Sealed): ☐

Unofficial: ☐

Quantity: \_\_\_\_\_

Quantity: \_\_\_\_\_

Is this for a scholarship? ☐

Please provide name of Scholarship Program \_\_\_\_\_

\_\_\_\_\_ Same day processing (see fees above)

\_\_\_\_\_ 2-3 day processing (see fees above)

\_\_\_\_\_ Pick up in Registrar's Office (bring Picture ID)

\_\_\_\_\_ Send after the end of \_\_\_\_\_ term.

\_\_\_\_\_ Send after my degree is posted. Graduation term \_\_\_\_\_

\_\_\_\_\_ Send after the grade change in \_\_\_\_\_ class \_\_\_\_\_ term.

\*There is no fee for scholarships; however, if you require same day processing, the fee is \$5.00.

**Issued To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRAR OFFICE USE ONLY

Date Printed/Mailed \_\_\_\_\_

Initials \_\_\_\_\_ Fee Paid \_\_\_\_\_

## BUSINESS OFFICE USE ONLY

\_\_\_\_\_ Release Transcript \_\_\_\_\_ Hold Transcript

DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

## PAYMENT METHOD

Credit Card, Cash, or Check Payable to CSS

Visa/Master Card/Discover Information:

CC# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date \_\_\_\_\_

**\*3 digit security code on back of card** \_\_\_\_\_