

**Minnesota Graduate School of Theology
Associate School Programs**

REQUEST FOR OFFICIAL TRANSCRIPT

Directions for Students.

The purpose of this form is to aid students in requesting official transcripts from educational institutions previously attended. If a student is requesting transcripts from more than one institution, the student should make copies of this form as needed. Please print or type, and submit completed forms to the Registrar at the institution listed below; do not send to the Minnesota Graduate School of Theology.

I am requesting my official transcript from the following educational institution:

Educational institution _____
Street address _____
City, state, zip code _____
Fax No. _____ E-mail _____

I am furnishing the following formation to assist in locating my records:

Name while enrolled _____
Current name (if different) _____
Date of birth _____
Social security no. _____ Student ID No. _____
Year(s) of attendance _____ Date of graduation _____
Additional information _____

Student's signature _____ Date _____

Student's street address _____

City, state, zip code _____

DIRECTIONS FOR EDUCATIONAL INSTITUTION

Please forward an official copy of the student's transcript, along with a copy of this form, to:

