

**OFFICIAL TRANSCRIPT REQUEST**

**Mail or Fax to:**  
**Minnesota State University, Mankato**  
**Office of the Registrar**  
**132 Wigley Administration Center**  
**Mankato, MN 56001**  
**Phone: (507) 389-5250; Fax: (507) 389-5719**

**Date** \_\_\_\_\_

**Need to provide either: Tech ID #** \_\_\_\_\_ **or Social Security #** \_\_\_\_\_

**Current Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

*If you need your official transcript to reflect your current name, a copy of your legal documentation for the name change must be included with this form. Legal documentation can be either a marriage certificate, divorce decree, or driver's license. Without this documentation, you will receive an official transcript with the name that is currently in our records.*

Other names you may have used \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone (home)** \_\_\_\_\_ **(daytime)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

We will use your e-mail address to notify you if your transcript is mailed to an address other than your own.

Are you currently enrolled? \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

Would you like us to wait to send your transcript(s) until the following is on your transcript:

\_\_\_\_\_ Grades of \_\_\_\_\_ semester. (either fall, spring or summer)  
Yes or No Grades do not appear on transcripts until approximately 8-10 days after the last day of the semester.

\_\_\_\_\_ Degree that you will earn \_\_\_\_\_ semester. (either fall, spring or summer)  
Yes or No Degrees do not appear on transcripts until approximately 4 weeks after the last day of the semester of graduation.

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**Official Transcripts cost \$5.00 for each transcript.**

<u>Where to send transcript(s):</u>	<u>No. of Copies</u>	<u>Method of Payment:</u>
Pickup at the Campus Hub, SU 117	_____	Amount Paid: Cash \$ _____
Mail to student at above address	_____	Check \$ _____
Mail to the following name & address: _____	_____	We accept Visa, MasterCard or Discover credit cards.
_____	_____	Amount charged to Credit Card \$ _____
_____	_____	Credit Card Type _____
_____	_____	Credit Card Number _____ - _____ - _____
_____	_____	Credit Card Expiration Date _____

**Official transcripts must be sent by U.S. mail.** Normal processing time is one week. All holds must be cleared before an official transcript is issued. To clear financial holds, contact the Campus Hub, SU 117, (507) 389-1866, or [campushub@mnsu.edu](mailto:campushub@mnsu.edu).

**Signature** \_\_\_\_\_

**Your signature is required before we can process your request.**