



# Transcript Request

Print this form, fill it out completely and bring to the Enrollment Center at Augsburg College or mail it to:

*Registrar's Office, Augsburg College, CB 71, 2211 Riverside Ave, Minneapolis, MN 55454*

**We do not accept fax requests.**

Date: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Check \_\_\_ Money Order \_\_\_ Cash \_\_\_

**All names you have ever used:**

First Name(s): \_\_\_\_\_ Middle Name(s): \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Former Names(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Augsburg Student ID# (if known): \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Date of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Program (Circle One): Day Program WEC Program Graduate Program Physician Assistant Continuing Ed

Reason for Request: \_\_\_\_\_

Mail \_\_\_\_\_ (indicate quantity) transcript(s) to me at the address above.

Mail \_\_\_\_\_ transcript(s) to the address below:

Name/Organization: \_\_\_\_\_

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

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

Any Other Information (phone number if overnight service selected): \_\_\_\_\_

Please remit the appropriate fee in the form of a check or money order. When this completed form is received in the Registrar's office with the required fee, your transcript will be sent (if there are no financial holds).

**All transcript requests must be signed.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Check One:**

- \_\_\_ Send as is (current information)
- \_\_\_ Hold for change of grade or make up of Incomplete (Which course? \_\_\_\_\_)
- \_\_\_ Hold for grades at end of term. (Which program & term? \_\_\_\_\_)
- \_\_\_ Hold for degree (Date expected: \_\_\_\_\_)

HOLD CKS A/R	# OF COPIES	OFFICE USE	
		FEE REQUIRED	AMOUNT PAID
F/A		AMOUNT DUE	DATE SENT