

# Transcript Request

*INSTRUCTIONS: Your written signature is required in order to process this request. Please complete the form, then print, sign, and send to the Registrar's Office (address below) with payment.*

**Student Name:** \_\_\_\_\_  
Last First Middle Former Name (if applicable)

**Macalester ID#:** \_\_\_\_\_ or Social Security Number: \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Current (local) Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Daytime phone or email** (in case we have questions): \_\_\_\_\_

\_\_\_\_\_ = **Number of Transcripts** Only one transcript may be requested via fax.  
\$5.00 fee per transcript. All transcripts are official.  
We are not able to provide copies, faxes, or any other type of unofficial transcript.

**Please check as many as apply:**

- Separate envelopes for each transcript.
- I am currently enrolled.
- I am NOT currently enrolled. Date last attended: \_\_\_\_\_
- I will pick up.
- Mail to address below.
- Hold until grades are available.
- Hold until degree is granted.
- Hold until incomplete grade is changed.
- Include additional material I will provide.
- Include written evaluations.
- Include independent project descriptions.
- This is a FAX request, and I am sending payment to Macalester at the address below.

There is a \$5.00 fee per transcript, payable in advance. Transcripts are not issued if there are any outstanding debts at Macalester.

X \_\_\_\_\_  
Student Signature Date

----- Registrar Use ----- Date Received: _____ Student Account Clearance: _____ Paid \$ _____ check cash Date Mailed or Ready for Pick-up: _____
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**Macalester College, Office of the Registrar and Student Academic Records**  
1600 Grand Avenue, St. Paul, MN 55105-1899  
fax: 651-696-6600 ph: 651-696-6200 www.macalester.edu/registrar

List address where transcript is to be sent. Multiple addresses should be provided on a separate sheet of paper. Please print clearly as this is used with a window envelope mailer. Do not fill out if you are picking up.

_____	Name and/or Title
_____	School and/or Street Address
_____	Address
_____	City, State, Zip