

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 Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Daytime phone or email (in case we have questions): _____

_____ = **Number of Transcripts** \$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.
- Email to address below. (*not available if attended prior to 1983*)
- 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.

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
1600 Grand Avenue, St. Paul, MN 55105-1899
fax: 651-696-6600 ph: 651-696-6200 www.macalester.edu/registrar

List mailing or email address where transcript is to be sent. Multiple addresses should be provided on a separate sheet of paper. Please print clearly. Do not fill out if you are picking up.

