



Records Department

Room 2220, West Campus
3300 Century Avenue North
651.779.3299

TRANSCRIPT REQUEST

You may order your official transcript through Parchment online or complete this form and submit it by mail or fax. There is a \$8 charge per transcript. You may include a check with your mailed request or pay by credit card. For fax requests, you must pay by credit card authorization. **TRANSCRIPTS WILL NOT BE FAXED OR EMAILED.** Questions: 651.779.3950 FAX: 651.773.1708

STUDENT INFORMATION

Current Last Name	Current First Name	MI	Former Name(s)
Current Street Address, City, State, Zip Code			
Student ID or Complete SSN (required)	Birthdate	Daytime Phone #	Alt Phone #

Student Signature (required to release transcript)

Please check all schools attended: (include approximate years of attendance) *Continuing Education transcripts call 651.779.3341

Century College	Years of attendance:
Lakewood College	Years of attendance:
Northeast Metro Technical College 916 (before 1996)	Years of attendance: Major:
High school or PSEO	Years of attendance:

TRANSCRIPT PROCESSING

FAX: 651.773.1708

Transcripts may be requested by fax, mail or in person. Faxed requests must be paid by credit card. **FAX RECEIVED IN LOCKED AREA**

FEES: \$8.00. PLEASE NOTE: Rush service not available for Northeast Metro Technical College 916.

Mail	Quantity	Transcript will be mailed (REGULAR U.S MAIL) in 3 business days upon receipt of request. Please allow 3 business days to confirm receipt of transcript request.
Pickup	Quantity	Transcripts held for pick-up must be claimed within 60 days

SEND TRANSCRIPT TO: Transcripts will not be FAXED or EMAILED

Incomplete forms, no payment, or changes in the original request may cause delay. Transcripts not issued if student has balance or hold on their account.

Institution or Name of Third Party:

Street Address, City, State, Zip Code

Check only one that MAY apply: _____ Hold for grades _____ Hold for degree _____ Check only if applicable: _____ Hold for grade changes

CREDIT CARD PAYMENT INFORMATION

Cardholder's Name:

Cardholder's Address:

Card number:

Expiration Date:

CVV (on back of card)

Cardholders Signature:

Date:

Rush:
YES NO

Total Amount Paid: