

TRANSCRIPT REQUEST

Office of the Registrar, **MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**

NAME _____
 FIRST MIDDLE MAIDEN LAST BIRTHDATE STUDENT NO. OR SSN

Address _____
 Street City State Zip Telephone _____

There is a **\$10.00 charge for each transcript** at the time requested.

Are you currently enrolled?
 Yes. No. Date last attended. _____
 Campus attended _____

Please PRINT where transcript is to be sent:

TO:

- Send as soon as possible.
 - Send after grades are recorded at the end of term.
 - Send after change of grade or removal of incomplete (course _____)
 - Send after degree is recorded (date degree expected _____)
- Purpose _____

- Please mail transcript to address in mailing label.
- Make check payable to MINNESOTA WEST**

If you prefer to pay by credit card, the transcript must be ordered online at <https://www.parchment.com/u/registration/42292/account>

*If transcripts are to be sent to more than one address, use additional request forms.

Signature (required) _____