



Crossroads College Transcript Request

Office of the Registrar
920 Mayowood Rd SW
Rochester, MN 55902
(507) 288-4563
FAX (507) 288-9046

PLEASE PRINT. No transcript will be furnished to a student whose financial obligation to the college has not been satisfied. Please allow 5-10 days after receipt for a request to be processed. Crossroads College does not provide "rush" service for transcript requests, so plan accordingly. **\$5 charge for each transcript unless otherwise noted.** Please make any checks payable to "Crossroads College".

NAME OF RECORD (Last, First, Middle)

(If different) CURRENT NAME (Last, First, Middle)

Street Address

City, State, Zip

Phone Number

Email Address

Dates Enrolled

Date of Birth

XXX-XX-
Social Security #

CHECK ONE

Official Transcripts (by mail only)

- Send transcript immediately
- Hold for current/missing/incomplete grades
- Hold for degree posting
- Will pick up

Unofficial Transcripts

- Email unofficial transcript (*unsecured delivery, no charge*)
- Fax unofficial transcript to number below (*\$8 charge*)

Send transcript to:

Name of Institution

Person or Office, ATTN:

Street Address

City, State, Zip

Email Address (unofficial only)

Fax Number (unofficial only)

I hereby give my permission to Crossroads College to release my academic record to the addressee listed above.

Signature _____

Date _____

Must be a pen-to-paper signature

Office Use Only	
Account Clear YES / NO	Paid Amount _____
Date Sent _____	Completed by _____

AUTOMATIC CREDIT CARD/DEBIT CARD CHARGE
 The card holder herein authorized the Crossroads College Business Office to process payments for transcripts by automatically charging the payment to the card provided.
Emailing this information is unsecured and is not advised.

Name on Card _____
 Card Number _____
 Expiration Date _____ Amount _____
 Card Holder's Signature _____