

REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT



TO THE STUDENT:

- You will need a personal copy of your transcript for your own use in the program. Please request an additional copy for your records.
- Some schools charge a small processing fee. Please contact the school directly to determine its requirements before mailing this request.
- DO NOT send this form directly to Crossroads College.
- Copy this form if you attended more than one institution.

MAIL THIS FORM TO THE INSTITUTION FROM WHICH THE TRANSCRIPT IS BEING REQUESTED.

PERSONAL INFORMATION

_____	_____	_____
Name (last, first, middle initial)	Date of Birth	Soc Sec Number
_____	Date Attended: _____	
Mailing Address	_____	
_____	Name used when attending this institution or school	
City, State, Zip	Number of Transcripts Requested: _____	
Daytime Phone (_____) _____	_____	
Evening Phone (_____) _____	_____	_____
_____	Student Signature	Date
Email		

TO THE REGISTRAR:

OFFICIAL TRANSCRIPT MUST INCLUDE SEAL, SIGNATURE, AND DATE.

Mail one copy to:
**Crossroads College
Compass Adult Studies Department
920 Mayowood Road SW
Rochester, MN 55902-2382**

Mail any additional copies to the student's address listed above.