

OFFICIAL TRANSCRIPT  
REQUEST FORM  
Current Student Form

ST. OLAF COLLEGE  
Registrar's Office

**Student Information**

ID: \_\_\_\_\_  
Class year or last date of attendance: \_\_\_\_\_  
Name (Last, First Middle): \_\_\_\_\_  
\_\_\_\_\_  
Birth month & day: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Delivery method:**

Pick up:  By mail:

**Processing**

Regular (\$8 each):

Rush (additional \$5):

\*Regular processing is 2-4  
business days, rush is 24  
business hours.

**Recipient Information – PRINT CLEARLY**

Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**If applicable:**

Send after \_\_\_\_\_ term  
grades are posted:

Send after degree is  
posted:

**Payment options**

Cash  Credit card (VISA or MasterCard)  
 Check (payable to St. Olaf College)  Ole Card

Total cost for transcript(s) and processing fees: \_\_\_\_\_

**Reason for request**

Graduate school  
 Transfer  
 Scholarship  
 Other

**Authorization**

I authorize St. Olaf College to release my official academic transcript to the recipient listed above and if applicable process my credit card and/or Ole Dollars per total listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment is due with request. Please submit request in person or by email during business hours to the Registrar's Office. All holds need to be removed before transcripts can be released/sent. If you have any questions, please contact the Registrar's office at 507-786-3015 or [transcripts@stolaf.edu](mailto:transcripts@stolaf.edu).

**Office Use**

Cash: \_\_\_\_\_  
Check: \_\_\_\_\_  
Credit card (VISA or MasterCard): \_\_\_\_\_  
Ole Dollars: \_\_\_\_\_  
Other: \_\_\_\_\_

Date processed:

Initials: \_\_\_\_\_