

OFFICIAL TRANSCRIPT
REQUEST FORM
Alumni/Former Student Form

ST. OLAF COLLEGE
Registrar's Office

Send form to:

Registrar's Office
St. Olaf College
1520 St. Olaf Ave
Northfield, MN 55057
507-786-3015

Or Email form to:

registrar@stolaf.edu

Processing:

- ☐ **Rush request:** \$13 per transcript, sent regular USPS mail
Processed the same day received, if received by 11 am central
- ☐ **Regular request:** \$8 per transcript, sent regular USPS mail
Processed within 2-3 business days of receipt
- ☐ **Paracollege Evaluations:** *additional* \$5.00 per set

Identifying Information & Authorization to Release – PRINT CLEARLY

Name: _____

Include name while a student at St. Olaf

Current Address: _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Email: _____ Student number: _____

Birth date: ____ / ____ / ____ SSN: xxx-xx-____ Last date attended: ____ / ____ / ____

Signature: _____ Date: _____

I hereby authorize St. Olaf College to release my official academic transcript.

Quantity & Total Cost

Number of transcripts: _____ x \$8 each regular processing or \$13 each rush (same day) processing

Number of Paracollege Evaluations: _____ x \$5 per set

Total cost: _____

☐ Send now ☐ Send after _____ term grades are posted ☐ Send after degree is posted

Payment Information– Incomplete information may cause delay

☐ **Online: National Student Clearinghouse** (preferred method):

<https://tsorder.studentclearinghouse.org/school/ficecode/00238200>

☐ **By mail:** Payment can be made with cash or a check

Amount enclosed: _____ ☐ Cash ☐ Check

Recipient(s) Mailing Address(es)

Mail to: _____

Mail to: _____

Attention: _____

Attention: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

NOTE WE DO NOT FAX OR EMAIL TRANSCRIPTS

If you would like to electronically order a transcript, please use the [National Student Clearinghouse](#).