

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 by cash, check, money order or Visa/MasterCard

Amount enclosed: _____ Cash Check Money order Credit (enter below)

Credit card information – PRINT CLEARLY

For security reasons, do not include credit card information if this form is sent electronically; please call us at 507-786-3015 so we can process payment over the phone.

Credit card payment: Visa MasterCard Amount to charge: _____

Card number: _____ Exp. Date: ____ / ____ Security code: _____

Billing address (Address, city, state, zip): _____

Signature: _____ Date: _____

See back to enter recipient(s) mailing address(es).

Recipient(s) Mailing Address(es)

Mail to: _____
Attention: _____
Address: _____
City: _____
State: _____ Zip: _____

Mail to: _____
Attention: _____
Address: _____
City: _____
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](#).

Please use space below for any additional mailing addresses.

Office Use

Cash: _____
Check: _____
Credit card (VISA or MasterCard): _____
Money order: _____
Clearinghouse: _____
Other: _____

Date processed:

Initials: _____