



# Request for Academic Transcript Form

(This form may be printed out and **mailed** or **faxed** to the Records Office, Minnesota State University Moorhead, 1104 Seventh Ave S, Moorhead, MN 56563. FAX: (218) 477-2941.)

- To ensure prompt processing, provide all information requested.
- Fill out one request for each address you are sending the transcript(s) to, or attach a sheet listing additional addresses. Providing a correct address is your responsibility.
  - **Your written signature is required to release your student record.**
  - Transcripts are not sent if you have any financial obligations to the University.
  - MSUM does not charge for transcripts.
  - The fee for the Fax Service is \$5 for each transaction. (*Transcript is stamped "Unofficial"*)
- To make a name change on a student record (due to marriage, etc) *MSUM is required to get proof that the name has been changed at the Social Security Administration.* The student must provide a copy of the new Social Security card with the new name.

### Please provide the following information:

NAME: \_\_\_\_\_  
(Last, First, Middle, Maiden)

CURRENT STREET ADDRESS: \_\_\_\_\_

CURRENT CITY, STATE, ZIP CODE \_\_\_\_\_

CURRENT TELEPHONE \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Dragon ID \_\_\_\_\_ (if known) MSUM ID # \_\_\_\_\_  
(8 digits) (6 digits)

Please Mail \_\_\_\_\_ Fax \_\_\_\_\_ FedEx \_\_\_\_\_ academic transcripts to the following:  
(Please provide the complete address where the transcript should be mailed or faxed)

**(payment for Fax service or FEDEX express mail)**

Credit Card number \_\_\_\_\_ Exp date: \_\_\_\_\_

Number of copies to be sent: \_\_\_\_\_ Fax Number (if applicable) \_\_\_\_\_

Person or Department: \_\_\_\_\_

College or Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### CHECK ONLY ONE ITEM:

1. \_\_\_\_\_ Send Now
2. \_\_\_\_\_ Send after grades are posted (list term/year) \_\_\_\_\_
3. \_\_\_\_\_ Send after degree is posted (list expected graduation date--Mo/yr) \_\_\_\_\_
4. \_\_\_\_\_ Hold for other change: (Be specific-i.e. grade change, course, and term are needed; transfer credits, school and years are needed; etc.) \_\_\_\_\_

**STUDENT'S SIGNATURE (Required)** \_\_\_\_\_