

Minnesota Graduate School of Theology

Mailing Address
Post Office Box 29365
Brooklyn Center, MN 55429

Telephone
(763) 560-9610

Regional Office
Boulevard Plaza Office Condos
7054 Brooklyn Boulevard
Brooklyn Center, MN 55429

REQUEST FOR OFFICIAL TRANSCRIPT

DIRECTIONS FOR STUDENTS

The purpose of this form is to aid you in requesting your official transcripts from educational institutions previously attended. If you are requesting transcripts from more than one institution, please make copies of this form as needed. Please print or type. Submit completed forms to the Registrar at the institution listed below. Do not send to Minnesota Graduate School of Theology.

I am requesting my official transcript from the following educational institution:

To: _____
Educational Institution: _____
Street Address: _____
City, State, Zip Code: _____
Fax: _____ E-Mail: _____

I am furnishing the following information to assist in locating my records:

Name While Enrolled: _____
Current Name (If different): _____ Date of Birth: _____
Social Security Number: _____ Student ID Number: _____
Year(s) of Attendance: _____ Date of Graduation: _____
Additional Information: _____

I hereby authorize release of my official transcript to Minnesota Graduate School of Theology.

Student's Signature: _____ Date: _____
Student's Street Address: _____
City, State, Zip Code: _____

DIRECTIONS FOR EDUCATIONAL INSTITUTION

Please forward an official copy of student's transcript, along with a copy of this form to:

Registrar, Minnesota Graduate School of Theology

Post Office Box 29365

Brooklyn Center, MN 55429