

Unofficial Transcript Request

Office of Records and Registration
1540 Northway Drive
St. Cloud, MN 56303
Phone 320 308-5075 FAX: 320 308-5909
registration@sctcc.edu



If you need an official SCTCC transcript sent to a Minnesota State College or University, that institution may be able to obtain your SCTCC transcript free of charge. Please contact that institution directly.
If an OFFICIAL transcript is required exit this form and submit an Official Transcript request

Last Name _____

First Name _____

Student ID # or SSN# _____

Phone Number _____

Date of Birth _____

Address _____

City, State, Zip _____

Circle one: Currently Enrolled Graduate Withdrawal

Date/Year of attendance: _____

Program you were in: _____

Former name if applicable: _____

Print Name and Address/**Email Address** of where you wish transcript sent:

REQUIRED: Student Signature: _____ Date: _____

Electronic signatures not accepted – Must be a physical signature, not typed.

Email completed form to: Registration@sctcc.edu

Affirmative Action/Equal Opportunity Educator and Employer. This document is available in alternate formats to individuals with disabilities by calling 1-800-222-1009 or by calling the Minnesota Relay Service at 711.

OFFICE USE ONLY Rec'd _____ Sent _____ Processed by _____