

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 for further information. The list of these institutions can be obtained at the Office of Records and Registration.

Last Name _____

First Name _____

Student ID # or SSN# _____

Phone Number _____

Address _____

City, State, Zip _____

Circle one: Currently Enrolled Graduate Withdrawal

Print name & address of where you wish transcript sent:

Date/Year of attendance: _____

Program you were in: _____

Maiden name if applicable: _____

☐ Send now ☐ I will pick up on _____

☐ Official ☐ Unofficial

☐ Send after grades are posted ☐ Send after degree is posted

Student Signature and Date: _____

There is a \$10.00 charge for each transcript, payable at the time requested. Make checks payable to SCTCC. Requests for transcripts will be processed within two working days of receipt of request.

Paid _____ Rec'd _____ Sent _____

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.

TODAY'S DATE: _____

STUDENT NAME: _____

STUDENT ID# _____

☐ VISA ☐ MASTERCARD ☐ DISCOVER

CC#: _____

SECURITY CODE: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

NAME ON CC: _____

DAYTIME PHONE #: _____

AMOUNT PAID: _____