

Official Transcript Request



**NOTE: Students should order transcripts online: www.metrostate.edu/registration/transcripts.html
Requesting transcripts online is both cheaper and faster!**

Registrar's Office
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
E-mail: gateway@metrostate.edu
Phone: 651-793-1300

Who needs to use this form?

Students who attended Metropolitan State University who need an official transcript.

Important Notes

Students who attended Metropolitan State University after 1977 and need an official transcript sent to a Minnesota State College or University (<http://www.mnscu.edu/campuses/index.html>) do not need to request a transcript because that institution can retrieve it through the MNSCU system free of charge. Please contact the receiving institution for more information.

How to Submit

Mail: Enclose completed form with payment (*check or money order ONLY made payable to Metropolitan State University*) and send to the address above.

In-Person: Bring completed form to the Gateway Student Services Center. They will direct you to make payment (*cash, credit card, check or money order*) to the Financial Management Office after verifying there are no holds on your record.

Contact Information

Name: _____
Last First Middle Former Last Name(s)

Social Security or Metropolitan State student ID number: _____ E-mail address: _____
Metropolitan State University uses social security numbers for student identification purposes. Providing this information is voluntary.

Address: _____
Street City State Zip Country

Phone (with area code): (H) (____)____-____ (W) (____)____-____ (C) (____)____-____

Years enrolled and/or attended: Before summer 1994 After summer 1994 Admitted but never enrolled

When do you need this request processed? Now After final grades are posted for the current semester After degree is posted

Transcript Destination

Select your destination preference and the number of copies:

- _____ Pick-up transcripts (You will be contacted at your home phone number when they are ready)
 _____ Send transcripts in a sealed envelope/s to the **address listed above**
 _____ Send transcripts directly to a **third party/ies listed below**--specify the department if needed

Third Party #1

Name / Organization / Department

Street

City State Zip Country

Number of copies to send here: _____

Third Party #2

Name / Organization / Department

Street

City State Zip Country

Number of copies to send here: _____

Service & Payment

- | Type | Cost (per copy) | Timeframe for: |
|--|-------------------------|---|
| <input type="checkbox"/> Regular | \$8 | Mailed within 3-5 business days via regular mail |
| <input type="checkbox"/> Rush | \$8 plus \$5 rush fee | Requests received by noon will be ready after 24 hours ; the maximum fee for rush service is \$5 regardless of the number of transcripts requested. MAY NOT BE POSSIBLE IF YOUR LAST DATE OF ATTENDANCE WAS OVER 10 YEARS AGO |
| <input type="checkbox"/> Express mail delivery | \$8 plus \$15 overnight | Delivered within 1-2 business days ; the cost is \$15 PER address requested |

Signature: _____ Date: ____ / ____ / ____
Signature is required by law *MM DD YYYY*

Office Use Only

GATEWAY: Verified no financial holds Processed _____ (Initial) Date: ____ / ____ / ____
FINANCIAL MANAGEMENT: \$ _____ (Amount Paid) _____ (Initial) Date: ____ / ____ / ____
REGISTRAR'S OFFICE: _____ (Initial) Date sent: ____ / ____ / ____