

Official Transcript Request

Who needs to use this form?

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

NOTE: Students should order transcripts online. metrostate.edu/academics/records/transcript-requests. Requesting transcripts online is both cheaper and faster!

Important Notes

Students who attended Metro State University after 1977 and need an official transcript sent to a Minnesota State college or university do not need to request a transcript because that institution can retrieve it through the Minnesota State system free of charge. Please contact the receiving institution for more information. minnstate.edu/campusesprograms/index.html

How to Submit

Mail: Enclose completed form with payment (Cashier's 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/debit card, cashier's check or money order).

CONTACT INFORMATION

Last name		First name		Middle name	
SSN, Metro State student ID, or StarID		Metro State email address		Phone number (with area code)	
Mailing address		Unit	City	State	ZIP
					County
Years enrolled and/or attended: <input type="checkbox"/> Before summer 1994 <input type="checkbox"/> After summer 1994 <input type="checkbox"/> Admitted but never enrolled					
When do you need this request processed? <input type="checkbox"/> Now <input type="checkbox"/> After final grades are posted for the current semester <input type="checkbox"/> 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 County

Third Party #2

Name/Organization/Department

Street

City State Zip County

Number of copies to send here: _____

Number of copies to send here: _____

SERVICE AND PAYMENT

Type:	Cost per copy:	Timeframe for:
<input type="checkbox"/> Regular	\$8	Mailed within 3-5 business days via regular mail. Requests received by noon will be ready after 24 hours.
<input type="checkbox"/> Rush	\$8 plus \$5 rush fee	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 MORE THAN 10 YEARS AGO
<input type="checkbox"/> Express mail	\$8 plus \$15 overnight	Delivered within 1-2 business days; the cost is \$15 per address requested

Signature (required by law): _____ Date (MM/DD/YYYY): _____

OFFICE USE ONLY

Gateway	<input type="checkbox"/> Processed	_____ Initial	Date: _____
Financial Management	\$ _____ Amount paid	_____ Initial	Date: _____
Registrar's Office		_____ Initial	Date sent: _____

Contact us: gateway@metrostate.edu | 651.793.1300

