CSB | SJU REGISTRAR

Transcript Request Form

Name: _____ Date: _____
Last First MI

Social Security Number: _____ - ____ - _____ Banner ID: _____

Date of Birth: _____ / _____ / _____ (mm/dd/yr) Former/Maiden Names(s): _____

Current Address: _____

_____
City/State/Zip

E-mail address: _____

☐ Please check here if you do not grant permission for the Registrar's Office to share your email address with the SJU/CSB Alumni/Alumnae Offices

Phone Numbers(s): Home: (_____)_____ Work: (_____)_____

Are you enrolled for the current term? ◯ Yes ◯ No

Dates of Attendance: From _____ To _____

Recipient Information:

Number of Copies to be sent: _____

Name/Organization: _____

Address: _____

City/State/Zip: _____

Any Other Information: _____

Academic transcripts are issued to former students for a fee of $5.00 per transcript. Transcripts are issued to current students without charge

Please remit the appropriate fee in the form of a check or money order payable to the ***Registrar's Office, CSB/SJU***. When this completed form is received in the Registrar's Office with the required fee, your transcript will be sent.

All transcript requests must be signed.

Student's Signature: _____

Amount Enclosed: $_____

Send this form to:

Saint John's University / College of Saint Benedict
Office of the Registrar - Attention: Lucy
P.O. Box 5511
Collegeville, MN 56321

If you have any questions, please call Lucy at 320-363-3397 or send an e-mail to lthomes@csbsju.edu