College of Saint Benedict Saint John's University

Transcript Request Form

Name: _____ Date: _____
Last First MI

Social Security Number: _____ - ____ - _____ Banner ID: _____(issued after 2005)

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:

Delivery Options: ☐ **mail** ***(official)*** ☐ **fax** ***(unofficial)*** ☐ **.pdf** ***(unofficial)***

Number of Copies to be sent: _____

Name/Organization: _____

Address: _____

City/State/Zip: _____

Fax # or email address: _____

Academic transcripts are issued to former students for a fee of $5.00 per transcript (includes mail, fax or .pdf).
Transcripts are issued to current students without charge

Student's Signature (REQUIRED): _____

Amount Enclosed: **$**_____

☐ **Cash** ☐ **Check** ☐ **money order** ☐ **credit card #** _____ **& exp. date** _____

Send this form to: ***Fax to: 320-363-2714***

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