

Name: _____ Date: _____
Last First MI

Social Security Number: XXX - XX - _____ 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:

Number of copies to be sent: _____

← Name/Organization

← Address

← Address

← City/State/Zip

Delivery options:

- Mail (official)
 Mail (unofficial)
 Fax (unofficial)
 .pdf (unofficial)

Fax # or email address: _____

Academic transcripts are issued to former students for a fee of \$5.00 per transcript.

Transcripts are issued to current students without charge

Student's Signature (REQUIRED): _____

Amount Enclosed: \$ _____

Cash Check money order

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

Fax to: 320-363-2714

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