

Name: _____ Date: _____
Last First MI (mm/dd/yy)

Social Security Number: XXX - XX - Banner ID: _____ (If known, issued after 2005)

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

Current Address:

City/State/Zip

E-mail address: _____

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

Are you enrolled for the current term? Yes No

Dates of Attendance: From _____ To _____

Number of copies to be sent:

Recipient Information:

<p>Delivery Options</p> <p>U.S. Mail</p> <p>Pickup <small>St. John's, Quad 163</small></p>
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Name/Organization

Address

Address

City, State & Zip Code

Country, if International

Special Instructions for this order:

Payment

Academic transcripts are issued to former students for a fee of 8.00 per transcript. Transcripts are issued to current students without charge.

Total Amount: _____

Cash Check Money order

Send payment to:

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

Instructions to complete this order form

1. Fill-in the appropriate information
2. Print this document
3. Sign this document
4. Mail, fax or scan and email the completed form.

Student's Signature (REQUIRED) Typed names are not accepted.

If you have any questions, please call the Registrar's Office at 320-363-3396 or send an e-mail to registrar@csbsju.edu