# **POSTSECONDARY EDUCATION HISTORY** Request for academic transcripts

The Office of Student Finance (OSF) has received the results of your 2024-2025 Free Application for Federal Student Aid (FAFSA). However, we have incomplete information regarding the number of postsecondary institutions (e.g., colleges, universities, technical and business institutes, and military educational experience) you have previously attended or completed. Please complete the following information and return this form to the address above.

### Academic Year 2024-2025

#### **RETURN FORM:**

IN PERSON ON CAMPUS TO: 333 Robert H. Bruininks Hall

BY MAIL TO: Office of Student Finance 160 Williamson Hall 231 Pillsbury Dr. SE Minneapolis, MN 55455-0252

Phone: 612-624-1111 TTY (hearing-impaired): 612-626-0701 Email: onestop@umn.edu

University ID

#### To ensure privacy, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

### SECTION A. Student information

Legal name (required, last, first, middle initial)

Preferred name (optional)

### **SECTION B. Documentation**

- List the name of every postsecondary institution you have attended, including the city and state in which it is located. **Include the University of Minnesota, Twin Cities.**
- If you do not have an undergraduate degree, you must submit a copy of your academic transcript for each school or institution you attended. You do NOT need to submit a University of Minnesota academic transcript.
- If you attended a school outside the United States, include the name of the country where the school is located. If you attended the school through a United States school (through Study Abroad or a similar program), list the United States school below.
- If you have not attended a postsecondary institution, please print "none" on line 1.
- If you served in a branch of the United States Military, Army, Navy, or Marine Corps, you must submit documenta-tion of all educational experience or training. A copy of your DD214 will work.

Name of school	Dates attended (mm/yy to mm/yy)	City	State
1.			
2.			
3.			
4.			
5.			
6.			

Check here if you attended more than six schools; list the other schools on the back of this form.

## **SECTION C. Certification**

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.

Signature

Date signed

To request copies of this form in an alternative format, call the Disability Resource Center at 612-626-1333. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent postconsumer waste.

