

**REQUEST FOR OFFICIAL TRANSCRIPT**

**Rochester**

One Stop  
 300 University Square 111  
 South Broadway Rochester,  
 MN 55904  
 Phone: 507-258-8069  
 Email: umr1stop@r.umn.edu  
 Fax: 507-258-8021

Only courses taken at the University of Minnesota will appear on your transcript. Requests will not be held for grades or degrees that have not been posted. This request cannot be fulfilled if you have a financial hold preventing issuance of transcripts. Complete this form as thoroughly as possible, if additional information is needed the form may be returned to you. This form cannot be scanned and emailed. You must submit by mail, fax, or in-person to the appropriate University office.

SECTION A. Student information			
Name First		Middle	Last
Name used while attending (if different than current) First		Middle	Last
University ID	Last 4 digits of SSN (optional)	Birthdate (mm/dd/yyyy)	NOTE: If you don't have a Social Security Number you must enter your birthdate

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

SECTION B. Additional information				
Current mailing address Street	City, State	ZIP	Country	Daytime Phone (include area code)
Signature (required)		Date	Email	

SECTION C. Order summary		
Type of service (all times are Central Time)	Quantity	Cost
<b>Regular service</b> (Mailed within 1 business day. Allow sufficient time for delivery by U.S. Mail, with up to three weeks or more for international mail.)		No Cost
<b>Priority overnight</b> (next-business-day delivery by 3 p.m. to most U.S. addresses if order is received by 2 p.m., cannot be mailed to a PO Box)		\$15 delivery fee for each address
<b>International</b> (2-5 business day delivery time for orders received by 2 p.m., cannot be mailed to a PO Box)		No Cost

Please note: Priority Overnight and International Priority Service cannot be delivered to a P.O. box, Army Post Office (APO) address, or Fleet Post Office (FPO) address.

Name of recipient			
Mailing address (priority or regular mail service)	Apt #	<input type="checkbox"/> Priority service	
P.O. box number (no priority service available)		<input type="checkbox"/> Regular mail	
City	State	ZIP Code	Country
Number of transcripts sent to this address	Recipient phone (required for priority service)		
Special instructions			

To include more Recipients please visit One Stop Website at <https://onestop.r.umn.edu/academics/transcripts>

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