

**ANOKA TECHNICAL COLLEGE**

OFFICE OF THE REGISTRAR  
1355 WEST HIGHWAY 10  
ANOKA, MN 55303  
FAX 763-576-4771

**TRANSCRIPT REQUEST FORM**

**\$4.00 FEE PER TRANSCRIPT**

**PLEASE PRINT CLEARLY & PRESS FIRMLY**

*NOTE: Transcripts will not be released if the student has a "HOLD" on his/her record.  
I understand this release will expire 30 days after I sign it.*

NAME: \_\_\_\_\_ Maiden/Former Name(s): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ SSN/Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Program/Course(s) taken: \_\_\_\_\_ Date/Year(s) of Attendance: \_\_\_\_\_

**SEND TRANSCRIPT TO:** (ex: College Name/Dept/Address, Self, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I WANT ANOKA TECHNICAL COLLEGE TO:**

- Mail OFFICIAL Transcript to address requested
- Fax to Phone #: \_\_\_\_\_  
Attn: \_\_\_\_\_
- HOLD transcript until current semester grades are posted
- Send the transcript immediately
- STUDENT COPY/Unofficial/Released to the Student
- OFFICIAL Transcript/Released to Student/Sealed Envelope

FAXED transcript requests will be processed with a credit card payment.

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Transcript Processed \_\_\_\_/\_\_\_\_/\_\_\_\_ By \_\_\_\_\_

Visa/MC \_\_\_\_\_ Exp \_\_\_\_\_ V-Code \_\_\_\_\_ Cardholder's Name \_\_\_\_\_ Zip \_\_\_\_\_