



Office of the Registrar
 1355 West Highway 10
 Anoka, MN 55303
 www.anokatech.edu
 FAX (763) 576-4756

Transcript Request Form - \$4.00 fee per transcript

PLEASE PRINT CLEARLY

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.

Student Name _____ SSN#/Student ID _____
LAST FIRST MI

Maiden/Former Name(s) _____

Student Signature _____ Date of Birth _____

Current Mailing Address _____
STREET APT. #

_____ CITY STATE ZIP

Home Phone _____ 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 _____