



Office of Records and Registration

1355 West Highway 10

Anoka, MN 55303

Fax: 763-576 - 7701

registrar@anokatech.edu

Transcript Request

Please print clearly. If a student has a hold or unpaid balance on his/her record, transcript(s) will not be released.

Name: _____ Student ID/SSN: _____ Birthdate: _____

Maiden/Former Name(s): _____ Phone No.: _____

Address: _____ City/State/ZIP _____

Program: _____ Graduation Year: _____

Send Transcript to: (ex. Self, College name/Dept., etc.)

I want Anoka Tech to:

- Mail Official transcript to address requested
- Mail after final semester grades post
- Official copy released to student
- Fax to: (_____) _____

All transcript requests must be accompanied with payment of cash, credit card, or check prior to processing. Each transcript cost \$7.50 payable to Anoka Technical College. Please allow 2-3 business days for processing and mailing.

No. of transcripts: _____ Cash _____ Check # _____ Credit Card _____

OFFICE USE ONLY

Processed in the Business Office ____/____/____ By _____

Processed in the Office of Records and Registration ____/____/____ By _____

Mailed/Delivered ____/____/____

Cardholder's Name: _____ ZIP _____

Visa/Master Card No: _____ Exp. _____

V-Code _____