



**Office of Records and Registration**

1355 West Highway 10

Anoka, MN 55303

Fax: 763-576-7721

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: \_\_\_\_\_ OR last 4 of SSN: xxx-xx-\_\_\_\_\_

Maiden/Former Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Program: \_\_\_\_\_ Approx. dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_  
mo/yr mo/yr

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
  - Hold for pickup

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.

No. of transcripts: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
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 \_\_\_\_\_

**The following applies to all transcript requests:**

- Transcripts will not be issued if you have a hold on your record.
- Transcripts are not faxed.
- Transcript orders are processed within 3 business days.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_