

Name: _____ Date: _____
Last First MI

Social Security Number: XXX - XX - _____ Banner ID: _____ (issued after 2005)

Date of Birth: ____ / ____ / _____ (mm/dd/yr) Former/Maiden Names(s): _____

Current Address: _____

City/State/Zip

E-mail address: _____

Please check here if you do not grant permission for the Registrar's Office to share your email address with the SJU/CSB Alumni/Alumnae Offices

Phone Numbers(s): Home: (_____) _____ Work: (_____) _____

Are you enrolled for the current term? Yes No

Dates of Attendance: From _____ To _____

Recipient Information:		Number of copies to be sent: _____
_____	← Name/Organization	Delivery options: <input type="checkbox"/> Mail (official) <input type="checkbox"/> Mail (unofficial) <input type="checkbox"/> Fax (unofficial) <input type="checkbox"/> .pdf (unofficial)
_____	← Address	
_____	← Address	
_____	← City/State/Zip	
Fax # or email address: _____		

Academic transcripts are issued to former students for a fee of \$8.00 per transcript.

Transcripts are issued to current students without charge

Student's Signature (REQUIRED): _____

Amount Enclosed: \$ _____

Cash Check money order

Send this form to:

**Saint John's University / College of Saint Benedict
 Office of the Registrar - Attention: Mary
 P.O. Box 5511
 Collegeville, MN 56321**

Fax to: 320-363-2714

If you have any questions, please call Mary at 320-363-3399 or send an e-mail to mruhland@cbsju.edu