Official Transcript Request



NOTE: Students should order transcripts online: www.metrostate.edu/registration/transcripts.html Requesting transcripts online is both cheaper and faster!

Registrar's Office 700 East Seventh Street Saint Paul, Minnesota 55106-5000 E-mail: gateway@metrostate.edu

Phone: 651-793-1300

Who needs to use this form?

Students who attended Metropolitan State University who need an official transcript.

Important Notes

Students who attended Metropolitan State University after 1977 and need an official transcript sent to a Minnesota State College or University (http:www.mnscu.edu/campuses/index.html) do not need to request a transcript because that institution can retreive it through the MNSCU system free of charge. Please contact the receiving institution for more information.

How to Submit

Mail: Enclose completed form with payment (Cashier's check or money order ONLY made payable to Metropolitan State University) and send to the address above.

In-Person: Bring completed form to the Gateway Student Services Center. They will direct you to make payment (cash, credit/debit card, cashier's check or money order) to the Financial Management Office after verifying there are no holds on your record.

			Contact I	lnformatio	n				
Nar	ne:								
	Last		First		Middle		Former L	ast Name(s)	
	ial Security or Metropolitan ropolitan State University uses socio				E-mail address:				
Add	lress:								
Pho	one (with area code): (H) (_	Street	(W) (_	City 	State	Zip (C) ()	=	Country	
Yea	rs enrolled and/or attended	d: 🗖 Before summer 19	94 🗖 After summe	er 1994 🛮 Adm	itted but never enro	lled			
Wh	en do you need this reques	st processed? Now	☐ After final grades	are posted for th	e current semester	☐ After degree is	s posted		
			Transcript	Destinati	on				
	ect your destination pref Pick-up transcripts Send transcripts in a Send transcripts direction	(You will be contacted at a sealed envelope/s to th	your home phone ne address listed abo	ove ify the departmen	nt if needed				
Thi	ird Party #1		Third Party	Third Party #2					
Name / Organization / Department				Name / Orgo	Name Organization Department				
Street				Street					
City	State mber of copies to send l	Zip	Country	City Number of	State copies to send he	Zip		Country	
			Service		_				
	Type Regular Rush	Cost (per copy) \$8 \$8 plus \$5 rush fee	Timeframe for: Mailed within 3-5 business days via regular mail Requests received by noon will be ready after 24 hours; the maximum fee for rush service is \$5 regardless of the number of transcripts requested. MAY NOT BE POSSIBLE IF YOUR LAST DATE OF ATTENDANCE WAS OVER 10 YEARS AGO						
	Express mail delivery	\$8 plus \$15 overnight	Delivered within 1	-2 business days	s; the cost is \$15 PE	R address request	:ed		
Sign	nature:					Date:	$\frac{1}{M} / \frac{1}{DD}$	/	
	Signature is requ	iired by law				MA	M DD	YYYY	
			Office	Use Only					
Gateway: □ Verified no financial			l holds	essed	(Initial)			_/	
FINANCIAL MANAGEMENT: \$ (Amount			Paid		(Initial)				
RE	GISTRAR'S OFFICE:		An equal opportunity e		(Initial)	Date sent:		/ ated 02/2025	

An equal opportunity educator and employer Member of the Minnesota State Colleges & Universities system