Request for Unofficial Transcript

Unofficial transcripts are not printed on Registrar paper and do not include an official signature or seal.

* PLEASE PRINT CLEARLY

1. Full name used while attending McNally Smith College:
   First ___________________________________________ Last ___________________________________________

2. Check one:  ○ Graduate  ○ Non-Graduate  ○ Current Student

3. Current FULL Address (name, street address, city, state, zip code, country):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Phone Number:  ( _______ ) _____________________________  5. Social Security Number: ___________ — — — —

6. Date of Birth (month/day/year): _____________________________  7. Approximate Dates of Attendance: _____________________________

8. Check one:  ○ Pick up  ○ Mail to address(es) below  ○ Fax  ○ Email

9. Name & Address(es) of the institution where the transcripts are to be sent:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. Number of transcripts you are ordering __________

Signature _____________________________________________ Date _____________________________

Please allow 3-5 business days to process your request.

Please fax or mail request to:

Transcript Request
Attn: Registrar’s Office
McNally Smith College of Music
19 Exchange Street, East
St. Paul, MN  55101
Fax: 651-291-0366