

Official Transcript Request Form

ATCC
Attn: Registrar's Office
1601 Jefferson Street
Alexandria, MN 56308

320-762-4650
Fax: 320-762-4430
Email: records@alextech.edu

****If you attended Alexandria Technical & Community College between 1990 and the current date and are transferring to another college within the Minnesota State system, you do not need to request your transcript. Your ATCC transcript will automatically be available once you apply to any college within the Minnesota State system.**
Transcript Fee: A \$9.00 fee is charged for each official transcript requested and for each unofficial transcript faxed – payment must be made prior to the transcript being released. Transcripts are mailed out within 1-3 business days from receipt of request. **Transcripts will not be sent until all financial obligations and holds at the college are cleared.**

Last Name: _____ First Name: _____ MI: _____

Name (if different from above) while attending college: _____

Social Security # or Star/Tech ID: _____ Email address: _____

Address: _____

City, State, Zip: _____ Telephone #: _____

Dates of attendance _____

Student Signature _____ Date _____

If you would like to pay with a credit/debit card or to request a transcript to be emailed, please complete the online request form at www.getmytranscript.com Transcript are mailed/emailed out within 1-3 business days from receipt of the request.

Please check all that apply: * fee must be paid before transcript is released

Official copy requested at \$9.00 each (mailed in 1-3 business days) ****Please see exception above**

Unofficial copy (no charge if mailed or picked up)

Copy faxed at \$9.00 each (faxed transcripts are not official)

Hold for grades: Fall ___ Spring ___ Summer ___

Hold until degree is recorded. Semester graduating _____

Rush – additional \$45 charge for transcript sent via overnight mail /request must be received in the Registrar's office by 1:30 pm

____ Please mail to (include complete address and specific person/department if applicable):

____ Please fax to: (Please check with recipient to see if they will accept a faxed copy)

(person's name and fax number)

The college is asking you to provide information that includes private information under State and Federal law. The information is optional; however, if you refuse to provide some or all of the optional information, the college may not be able to process your request.

Office use only: Method of Payment: Cash Check Transcript processed by/date: _____ Student took with mailed faxed (attach confirmation sheet)