

# UNIVERSITY OF MINNESOTA

## Request for Academic Records



**Note to Applicant:** It is the responsibility of individual applicants to have their academic records forwarded to the University of Minnesota - Twin Cities. Please complete the top part of this form and submit it to the registrar/controller of examinations/or other authorized official at the academic institution where you obtained your credential(s). Print additional copies of this form if necessary. *Please note that some institutions may charge a fee for this service.*

|                                                                  |                               |                                                 |    |
|------------------------------------------------------------------|-------------------------------|-------------------------------------------------|----|
|                                                                  |                               | University of Minnesota Student ID # (if known) |    |
| Last/Family Name                                                 |                               | First/Given Name                                |    |
| Previous Name (if applicable)                                    | Date of Birth (dd/mm/yyyy)    | Email                                           |    |
| Institution Name                                                 |                               | Dates Attended (mm/yyyy)                        |    |
|                                                                  |                               | From                                            | To |
| Degree Name (if applicable)                                      | Year of Award (if applicable) | Major                                           |    |
| Student ID or Roll Number at sending institution (if applicable) |                               |                                                 |    |

I hereby authorize the release of my academic records to the University of Minnesota–Twin Cities.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Authorized Official:** The above-named person seeks to be considered for admission to the University of Minnesota–Twin Cities and requests that a transcript of his/her academic records/statement of marks—showing all subjects completed and all grades/marks awarded for all years of study—be released to the University of Minnesota–Twin Cities. Please complete this form, place the form and academic record in an envelope, sign and seal the envelope across the back flap, and send it directly to the address below.

|                                                       |             |             |  |
|-------------------------------------------------------|-------------|-------------|--|
| Name of Official Complete Form (Please type or print) |             | Title       |  |
| Address                                               |             |             |  |
| City                                                  | Country     | Postal Code |  |
| Telephone                                             |             | Fax         |  |
| Email                                                 | URL<br>www. |             |  |

Confirmation: I confirm that the student named above attended \_\_\_\_\_ Institution Name

Dates of attendance from \_\_\_\_\_ to \_\_\_\_\_ .  
mm/yyyy mm/yyyy

Degree obtained (if applicable) \_\_\_\_\_ Date awarded: \_\_\_\_\_

Authorized signature and SEAL \_\_\_\_\_ Date \_\_\_\_\_

Yes, the applicant's academic transcript/statement of marks is attached to this form.

University of Minnesota–Twin Cities, Office of Admissions  
240 Williamson Hall, 231 Pillsbury Drive S.E., Minneapolis, MN 55455-0213

**(PLEASE RETURN THIS FORM TOGETHER WITH THE OFFICIAL ACADEMIC RECORDS/STATEMENT OF MARKS.)**