

Transcript Request Form

BEMIDJI STATE UNIVERSITY
Records & Registration Office
Deputy Hall, Room 101, #12
1500 Birchmont Dr
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409

To obtain a Transcript:

1. Print all information requested.
2. Transcript requests are normally processed within one week from date of request.
3. Submit your request:
 - In person (picture ID is required when picking up transcript)
 - By Mail
 - Fax (218) 755-4409
 - E-mail - Records@bemidjistate.edu
(provided a written signature can be included in the request)
4. Requests cannot be taken via phone.

Regulations governing issuance of transcript

1. Financial obligations must be satisfied.
2. Requests made in person require you to present a valid photo ID.
3. Transcripts can only be mailed, never faxed or emailed.
4. Request for more than 10 transcripts are subject to a processing fee.



If you need an official BSU transcript sent to a Minnesota State College or University (MNSCU), that institution may be able to obtain your transcript for you. Please contact that institution directly for further information.

Name: _____ SSN or ID#: _____
Last First MI Previous

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

Check only one of the four choices below:

1. ___ Pick transcript up at Records Office, No. of Copies ____, Call __ or Email __ when ready
2. ___ Send now
3. ___ Send after grades are posted (list term/year) _____
4. ___ Send after degree is posted (list expected graduation date - Mo/Yr) _____

___ Check here if you attended prior to March 1, 1975

Send To Address #1 No. of Copies ____ Send To Address #2 No. of Copies ____

_____	_____
_____	_____
_____	_____
_____	_____

I give BSU permission to release my transcript to the name and address indicated above. All holds must be cleared before an official transcript is sent. You will be notified by e-mail if your transcript cannot be sent based on a hold. Transcripts mailed to you will be in a separate sealed envelope.

Signature: _____ Date: _____

Signature required to send Transcript

Office use only:

Date Sent _____ INT. _____