

HIGH SCHOOL/COLLEGE/GED
TRANSCRIPT REQUEST FORM

This form should be completed by students who are applying to attend M State.

Institution should send official copy to:

Direct Mail:
M State Central Processing
1414 College Way
Fergus Falls, MN 56537

Email: centralstudentservices@minnesota.edu

Fax: 218.736.1706

I have applied for admission to Minnesota State Community and Technical College. Please send official transcripts on my behalf.

The dates of my attendance at your school were from _____ to _____.

Student Information: (* required information)

* Student Last Name: _____ Former Last Name (If applicable): _____

* Student First Name: _____ * Middle Initial: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Student SSN: _____ * Phone Number: _____

* Signature: _____ * Date: _____

www.minnesota.edu

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