

**MINNEAPOLIS
COLLEGE of ART and DESIGN**

**Official Transcript Request Form
Minneapolis College of Art and Design
Records Office**

2501 Stevens Avenue
Minneapolis, MN 55404

612.874.3727
records@mcad.edu

Transcript fees are \$8.25 per official transcript. Rush orders are \$10.00 per transcript. Checks or money orders can be made out to MCAD. Please do not mail cash. If using this form, cash, check, or money orders are the only accepted forms of payment.

Official transcripts can also be ordered online at www.getmytranscript.com. If using the online ordering platform, you may pay by credit card, and you also have the additional option of requesting secure electronic official transcripts. Service will generally be faster using the online ordering platform.

Current students may obtain copies of unofficial transcripts on myMCAD. Non-current students and alumni will use a separate form for unofficial transcripts; contact the Records Office for assistance.

All transcripts are sent via Standard US Mail. If you would like your transcript to be sent by other means, you must enclose an addressed, pre-paid Priority Mail, Express Mail, or Federal Express envelope with your request.

Please supply ALL information requested below. If you have further questions, please contact our office. Thank you!

Name:

Last First Middle

Name while attending (if different)*:

Last First Middle

**Note that submitting this form will not automatically change your name in college records. If you need to make an official name change, please contact our office for further information.*

Last 4 of SSN or Student ID Number: ----- **DOB:** -----

Address: -----

City, State or Province, and Zip: -----

Country (if outside the US): -----

Phone: -----

Email: -----

Are you currently enrolled at MCAD? Y N If N, last date attended: -----

Number of transcripts requested: _____ **Wait for final grades?** Y N

Destination address for transcript. *Please be as specific as possible, including formatting for international addresses. You may write additional addresses or notes on the back of this form.*

Name and Title: -----

Institution/Business: -----

Address: -----

City, State or Province, Zip, Country: -----

I hereby grant a one-time authorization for MCAD to provide my official transcript to the person(s) named above.

Signature: ----- **Date:** -----