Complete, print and submit. Reset Form

MAYO CLINIC

Academic Transcript Request

Office Use Only

Date *(mm-dd-yyyy)*	
Transcripts Sent By	Date Sent *(mm-dd-yyyy)*

Student/Trainee Information – *Please print clearly to avoid processing delays*

Student Name *(First, Middle, Last)* **Must match name on school records.**		Birth Date *(mm-dd-yyyy)*
Last four digits of Social Security Number	Phone	Enrollment Begin and End Dates *(mm-dd-yyyy to mm-dd-yyyy)*

School

☐ Mayo Clinic Graduate School of Biomedical Sciences (MCGSBM)
☐ Mayo Clinic School of Graduate Medical Education (MCSGME)
☐ Mayo Clinic School of Medicine (MCSOM)
☐ Mayo Clinic School of Health Sciences (MCSHS)
☐ St. Mary's School of Nursing or Methodist-Kahler School of Nursing

Instructions – *Please Read*

Complete and submit this form to:
Mayo Clinic College of Medicine & Science
Registrar's Office
Siebens 5
200 First Street SW
Rochester, MN 55905
OR by fax to (507) 266-5298
OR by email to comregistrar@mayo.edu

- **Allow 10 days for processing upon receipt of request. Please also allow appropriate time for transcript to be mailed. Transcripts will be sent by US mail. There is no charge for transcripts.**
- An Official Transcript bears the Registrar's signature and Mayo Clinic College of Medicine and Sciences embossed seal.
- Transcripts sent to students will be stamped Student/Trainee Copy and will not be embossed with the Mayo Clinic College of Medicine and Sciences seal

Transcript Details

1	Mail Transcript to *(Name & address of institution or company)*	Number of Copies _____ Special Instructions:
2	Mail Transcript to *(Name & address of institution or company)*	Number of Copies _____ Special Instructions:

Student Signature Signature Required	Date *(mm-dd-yyyy)*	Time *(hh:mm)*
Student Printed Name		

Print