



Former SPCPA Student Transcript Request

- There is a \$5.00 fee per transcript required for all official/unofficial transcripts. Cash or check accepted. *Special arrangements for debit or credit card purchases may be made by contacting galatowitschn@spcpa.org in advance.*
- There is no charge for copies requested for students transferring high schools. Contact Ms. Reiling (reilings@spcpa.org) for more information.
- Only former students may request a transcript (not parents), unless the applicant is under age 18.
- *To ensure former student security and confidentiality, requests generated by post-secondary academic institutions will not be processed without a supporting SPCPA Transcript Request form.*
- Official transcripts will be submitted directly to the final recipient in a signed, sealed envelope or delivered electronically per requester's specific instructions once payment has been received.
- *Requesters are strongly encouraged to verify all information in advance to insure timely delivery and to confirm that the transcript has been received by the recipient after the processing period has expired.*
- Transcripts will be processed in the order that the request is received.
- Please allow up to 2 weeks for processing.
- **Submit transcript requests to: SPCPA – ATTN: Transcripts, 16 W 5th Street, Saint Paul, MN 55102**

By signing below, the signatories are giving SPCPA authorization to send an official transcript to the requested institution.

Printed Student Name: _____

Student Signature: _____ Date: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____
(18 and under applicants only)

PLEASE SEND MY OFFICIAL TRANSCRIPT TO:

Name of Institution: _____

Address: _____

City _____, State _____ Zip _____

-or-

Fax Number: _____

Email Address: _____

THIS BOX IS FOR OFFICE USE ONLY		
Date Sent:	Fee Paid:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

PLEASE SEND MY TRANSCRIPT TO:

Name of Institution: _____

Address: _____

City _____, State _____ Zip _____

-or-

Fax Number: _____

Email Address: _____

Name of Institution: _____

Address: _____

City _____, State _____ Zip _____

-or-

Fax Number: _____

Email Address: _____

Name of Institution: _____

Address: _____

City _____, State _____ Zip _____

-or-

Fax Number: _____

Email Address: _____

THIS BOX IS FOR OFFICE USE ONLY

Date Sent: _____

Fee Paid: Cash

Check # _____