



Transcript Request Form

Name of Institution: _____

Student Name: _____
Make sure to use the name you had when you attended

Birthdate: _____

Graduation Date or Date of Enrollment: _____

Current Contact Number: _____

Please send records to:
Academy College
1600 West 82nd Street, Suite 100
Bloomington, MN 55431-1411

Your transcript is confidential and not to be released without written consent in accordance with the Family Education Rights and Privacy Act of 1974. Please complete the information requested and send this form to your previous High School and/or College to request an official transcript. Your previous High School and/or College may have fees for releasing your transcripts. Your Admission Representative may have additional information on transcript fees or the College's website can provide you with fee information. Your official transcripts are needed in order to complete your Transfer of Credit evaluation.

Student Signature

Date