

Willmar Campus
 Registration Office
 2101 15th Ave NW
 Willmar, MN 56201
 320-222-5971
 FAX 320-222-5216



Hutchinson Campus
 Registration Office
 2 Century Ave SE
 Hutchinson, MN 55350
 320-222-5971
 FAX 320-234-8506

Transcript Request Form

*** If you are requesting a transcript to be sent to another MinnState Institution, you do not need to fill out this form. Contact the college you are transferring to. They can pull an eTranscript.**
 * Transcripts are **\$15.00 per official copy** processed within 3 business days or for same day pickup.
 * Write check or money order payable to "Ridgewater College".
 * A separate request form is required for each mailing address; missing information will delay processing.

*** Your handwritten signature is required to release/mail your student record.**
 *Transcripts will not be issued if you have any financial obligations to Ridgewater College.
 * Mail or fax your request to the appropriate campus listed above.
 * **Transcripts will reflect name at time of enrollment unless official documents are received indicating a name change such as: Marriage or divorce decree and picture ID.**
 ***Send official electronic transcripts to student.services@ridgewater.edu**

Name: _____ SSN or Ridgewater ID: _____
 Name while enrolled (if different from above): _____
 Street Address: _____
 City: _____ State: ____ Zip Code: _____ Phone Number: _____

Did you attend Ridgewater Prior to July 1, 1996? Yes No If Yes, which campus and year?
 Hutchinson Campus, Year: _____ Willmar Campus, Year: _____

Please send the transcript: Immediately Hold for semester grades Hold until degree is recorded
 I give Ridgewater College permission to release my transcript(s) to the name and address indicated below:

Student Signature (Must be handwritten): _____ Date: _____
*****This must be signed before we can release your transcript.*****

<p>Please send my transcript to this address: Name: _____ Attention: _____ Street: _____ City: _____ State: ____ Zip Code: _____</p>	<p>Office Use: Date sent: _____ Sent by: _____</p>
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Method of Payment (must accompany transcript request)
\$15.00 per official transcript mailed within the U.S. **\$85.00** for international requests
 Pick one: Cash Check Enclosed Visa MasterCard Discover
 Card Number: _____ Expiration Date: _____ Sec. Code: _____
 Name of Card Holder: _____ Signature(handwritten): _____