



Concordia

UNIVERSITY • SAINT PAUL

Transcript Release

To: _____

I, _____, hereby request release of my academic transcripts to Concordia University, St. Paul.

Please release...

- Immediately
 At the end of this marking period
 At the end of my enrollment

Information as it appears or appeared on my academic transcript:

Name: _____

SSN#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Send to: Office of Undergraduate Admission
Concordia University, St. Paul
275 Syndicate Street N.
St. Paul, MN 55104