

Transcript Request Form - External

As a courtesy to applicants, Capella will attempt to request transcripts and will pay the transcript fee for institutions you have attended within the United States. Transcripts can take several weeks to arrive so it is recommended that you complete, sign, and return this Transcript Request Form to Capella as soon as possible. Please note that not all requests may be honored by the other institution, and it is a learner's responsibility to ensure that all required documentation is received by Capella University.

DIRECTIONS

1. Please refer to the below chart to determine from which institutions you should request and complete a Transcript Request Form.

PROGRAM/STATUS	TRANSCRIPT REQUIREMENTS
Military Personnel and Veterans planning to use VA Benefits	Please provide one form for every institution you have attended.
Undergraduate Program	Please provide one form for every institution you have attended and in which you would like to have possible transfer credit reviewed.
Masters Program, PhD Program, and Graduate Certificate applicants	Please provide one form for the institution where you received your highest Degree and one form for each institution where you are expecting to receive transfer credits.

2. The Transcript Request Form can be completed online, except for the Student Signature, by typing your information into each field. All fields are required.
3. Complete one form for each required institution.
4. Print and sign the form(s).
5. Fax or email signed and completed form(s) to Capella University's Admissions Office using the fax information below.
6. Capella will forward each form along with the appropriate transcript request fee to the institution(s) provided.

CAPELLA UNIVERSITY CONTACT INFORMATION

LOCATION	CONTACT	HOURS (all Central Time Zone)
PHONE		
Within the US	1.888.CAPELLA (1.888.227.3552)	Mon.–Fri. 8:00 a.m.– 8:00 p.m.
International	1.612.339.8650	
FAX	1.888.227.8492 (toll-free)	Anytime
EMAIL	efaxdocmgmt@capella.edu	Anytime
MAILING ADDRESS	Capella University – Mpls PO Box 211563 Dallas, TX 75211	Anytime

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ATTENTION REGISTRAR'S OFFICE: The undersigned has authorized the release of the official transcript, including all accompanying documents (such as a receipt for the transcript fee, etc) to Capella University. If you have any questions please contact 1.888.227.3552, Option 4.

MAIL OFFICIAL TRANSCRIPT TO: Capella University – Mpls
PO Box 211563
Dallas, TX 75211

LEARNER INFORMATION			
Last Name	First Name	Middle Name	
Name on Transcript (If different from above)			
US Social Security Number	Date of Birth (mm/dd/yyyy)		
Street Address			Apartment/Unit Number
City	State	Zip Code	Country

COLLEGE/UNIVERSITY ATTENDED (ONLY ONE SCHOOL PER FORM)			
Full Name of School / Institution (No Abbreviations Please)			
Street Address			
City	State	Zip Code	Country

Dates Attended	(from)	Month	Year	(to)	Month	Year	Credit Type (Undergrad, Grad) <input type="checkbox"/> Check here if coursework in progress
Degree Awarded (AA, BA, MBA, no degree etc.)				Degree Date:	Month	Year	

PLEASE SIGN HERE: Your transcript cannot be released without your *physical signature* below.
I affirm that I am the above-named learner, and hereby give written consent for the above-named institution to release my official academic record to Capella University.

X _____
Student Signature (Your request can not be processed without a *physical signature*) **Date**