

SUMMIT ACADEMY OIC

935 Olson Memorial Highway, Minneapolis, MN 55405
612-377-0150



SUMMIT ACADEMY OIC RECORDS RECORDS REQUEST / RELEASE FORM

Date _____

There is no charge for Unofficial Transcripts or for certificate reprints at this time. There is a **\$3.00 fee** for Official Transcripts, payable by cash or money order. Official Transcripts will be stamped and placed in a sealed envelope. **All requests not made in person require a copy of a government issued photo ID to accompany this request form.** Requests for records are filled as soon as possible and **may take up to 5 business days** to process.

PLEASE TYPE OR PRINT LEGIBLY.

Name _____ Last 4 digits of your social security # _____

Name at the time of enrollment _____

Date/Year attended SAOIC _____ Program _____

I can be reached at this/these phone(s) number in case there is a question in finding my records:

Home: _____ Cell: _____ Work: _____

Current mailing address: _____

City, State, Zip _____

Record needed? Unofficial transcript Official transcript (**\$3 fee enclosed**)
 Certificate reprint Other: _____

Reason for request: Continued schooling Name of school: _____
 Required for job Other: _____

Where do you want it sent? Name _____

Address _____

City _____

State _____ Zip _____

Fax or email: _____

(Faxed transcripts are not official and email transcripts may not be accepted as official.)

I give Summit Academy OIC permission to release my transcript record to the above listed person/organization.

Signature (required) _____

Mail requests to: Registrar's Office
Summit Academy OIC
935 Olson Memorial Highway
Minneapolis, MN 55405

Or request by fax or email: 612-377-0325 or registrar@summitoic.edu

For office use only: Date recv'd _____ File location _____ Date ordered _____ Notes: see back _____ Date filled _____
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