

# SUMMIT ACADEMY OIC

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



## SUMMIT ACADEMY OIC TRANSCRIPT 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  Required for job  
 Name of school: \_\_\_\_\_  
 Other: \_\_\_\_\_

Where do you want it sent? Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Fax/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 rcv'd _____ File location _____ Date ordered _____ Notes: see back _____ Date filled _____
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