

SUMMIT ACADEMY OIC
935 Olson Memorial Highway, Mpls, MN 55405
612-377-0150



**SUMMIT ACADEMY OIC TRANSCRIPT
RECORDS REQUEST RELEASE FORM**

Date _____

There is no charge for Unofficial Transcripts at this time. There is a **\$3 fee** for Official Transcripts, payable by cash or check. Official Transcripts will be stamped and sealed. Requests for records are filled as soon as possible and may take up to 4 weeks 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**)

Where do you want it sent?

Name _____

Address _____

City _____

State _____ Zip _____

Fax: _____

(Official Transcripts can NOT be faxed)

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: 612-377-0156

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