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: _____

Where do you want it sent? Name_____

Address _____

_____

City _____

State_____ Zip_____

Fax: _____

(Faxed transcripts are not official. Transcripts cannot be emailed)

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: 612-377-0325

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