

## To Request a Transcript:

**By Mail:** Please include the following:

1. First and last name that you graduated under
2. Your date of birth
3. The year you graduated
4. The place and address where you want the transcript sent
5. Please include a phone number in case we need to contact you
6. Include any special instructions
7. Please sign and date the request

Mail to:

Apollo Guidance Office  
1000 North 44<sup>th</sup> Ave.  
St. Cloud, MN 56303

**By Fax:** Please include everything listed above and fax it to our office at: 320-529-4310.

**In person:** You can stop in at the Apollo Guidance Office and fill out a transcript request form.

***Please note*** – Transcript requests require anywhere from ***one day to two weeks*** to process. If there are unpaid fees attached we can not send out transcripts until ***all*** fees are paid. ACT Scores are automatically sent with the transcript if we have them on file. Grades received from a post secondary school must be requested from that institution. A signature is required for all transcript requests. Emails will not be accepted.

## Request Records:

Please fax record requests to 320-529-4310.

Or, mail to:

Apollo Guidance Office  
1000 North 44<sup>th</sup> Ave.  
St. Cloud, MN 56303

Please call 320-253-1600 ext. 2013 with any questions.