



Saint Meinrad
School of Theology

Transcript Request

Alumni Name: _____
Address: _____
City, State, Zip _____
Phone #: _____ e-mail address: _____
Date of Birth: _____ Social Security # (optional): _____

Approximate dates of attendance:

Saint Meinrad School of Theology: _____

Saint Meinrad College: _____

Transcripts requested: (Note: Official transcripts cannot be sent directly to alumni or graduates.)

I request ____ (number) **official** transcript(s) to be sent to the institution and address listed below. Additional names and addresses can be attached on a separate sheet. (please type or print)

Institution Name: _____
Attn: _____
Address: _____
City, State, Zip _____
Phone #: _____

I request ____ (number) **unofficial** transcript(s) to be sent to the individual and address listed below. Additional names and addresses can be attached on a separate sheet. Include the fax number if this is to be sent via fax. (please type or print)

Name: _____
Address: _____
City, State, Zip _____
Fax #: _____

Signature *Date*

There is a \$5.00 charge for each set of transcripts (College and School of Theology count as one transcript).

Delivery requested: USPS (usually 3-4 business days)
 Fax (unofficial only)
 Priority Mail (Approx. \$5.00, usually 2-3 business days)
 Express Mail (Approx. \$19.00, next business day delivery)
 Fed Ex (Approx. \$25.00, next business day delivery)

Approximate delivery charges
Expedited mail requires credit card payment

Payment by Visa, MasterCard, or Discover:

Card number: _____ Expiration date: _____

Name as it appears on the card: _____

Payment by check:

Make check payable to: *Saint Meinrad School of Theology*

Mail to: Registrar, Saint Meinrad School of Theology, 200 Hill Drive, St. Meinrad, IN 47577.

If you have questions, please contact the Registrar at Saint Meinrad School of Theology by calling 812-357-6525, by e-mail registrar@saintmeinrad.edu, or this request may be faxed to 812-357-6816.