

Transcript Request

Alumni Name:				
Address:				
City, State, Zi	р			
Phone #:		e-mail address:		
Date of Birth:				
Approximate dates of a	ttendance:			
Saint Meinrad	School of Theology:			
Saint Meinrad	College:			
Transcripts requested:	(Note: Official transc	ripts cannot be sent directly to alumni or gradu	ates.)	
		to be sent to the institution and address listed be sheet. (please type or print)	elow. Additional names	
Institution Na	me:			
Attn:				
Address:				
City, State, Zi	р			
Check One:] Mail Original	The institution will accept an emailed copy	of the original.	
Email address	:			
names and addresses ca (please type or print)		t(s) to be sent to the individual and address liste parate sheet. Include the fax number if this is to		
Name:				
Address:				
City, State, Zi	p			
Fax #:				
Email address	:			
Signature		Date		
There is a \$10.00 char	rge for <i>each</i> set of tra	anscripts (College and School of Theology co	unt as one transcript).	
Delivery requested:	USPS (usually 3	-4 business days)		
	Fax (unofficial only)			
	🗌 Email			
	Priority Mail (A	Priority Mail (Approx. \$10.00, usually 2-3 business days) Approximate delivery charges		
		xpress Mail (Approx. \$32.00, next business day delivery) Expedited mail requires credit card payment		
	Fed Ex (Approx	. \$45, next business day delivery)		
Payment by Visa, Ma	sterCard, or Discove	er:		
Card number:		Expiration date: CVV:		
Name as it appears on the card: Billing Zip Code: 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.				
		$1 \rightarrow 1$ $1 \rightarrow 0$ $1 \rightarrow 1$ $1 \rightarrow 1$ $1 \rightarrow 1$	11: 010 057 (505	

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