

# MOUNT ANGEL SEMINARY TRANSCRIPT REQUEST FORM

Date \_\_\_\_\_

Transcript fee is \$10.00 for the first transcript request (official/unofficial), \$1.00 for each additional request (official/unofficial). Please allow for a 10 business day turn around time. **Please make check/money order payable to: Mount Angel Seminary (no cash).**

NAME \_\_\_\_\_  
(print legibly—provide name used while attending school)

YEAR ENTERED/ENROLLED IN SEMINARY \_\_\_\_\_

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I \_\_\_\_\_, request  
(print name)

\_\_\_\_\_ official \_\_\_\_\_ unofficial transcript(s) be mailed to the address(es) below:  
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MAIL TRANSCRIPT TO (if more than one location, please provide all and use the back of this form):

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Signature of individual requesting transcript (name on transcript)

Mail this form to:

Mount Angel Seminary  
Attention: Registrar  
1 Abbey Drive  
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