

MOUNT ANGEL SEMINARY TRANSCRIPT REQUEST FORM

Date _____

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

YEARS ENROLLED IN SEMINARY _____

SOCIAL SECURITY (last 4 digits only) # _____ DATE OF BIRTH _____

CURRENT PHONE # _____ EMAIL _____

CURRENT ADDRESS _____

I, _____, request
(print name)

_____ official _____ unofficial transcript(s) be mailed to the address(es) below:
amount amount

MAIL TRANSCRIPT TO (if more than one location, please provide all and use the back of this form):

Signature of individual requesting transcript (name on transcript)

Fee

Currently enrolled students: No fee

Former students: Transcript fee is \$10.00 for the first transcript (official/unofficial), \$1.00 for each additional transcript (official/unofficial). Please allow for a 10 business day turn around time.

To pay by check/money order (no cash) send payable to: Mount Angel Seminary.

To pay by debit/credit, call 503-845-3109 and indicate transcript payment.

Mail, fax, or email signed form to:

Mount Angel Seminary

Attention: Registrar

1 Abbey Drive

Saint Benedict, OR 97373

FAX: 503-845-3128

Email: registrar@mtangel.edu

Phone: 503-845-3564

OFFICE USE ONLY:

Date transcript processed/mailed:
