

# 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 503-845-3923 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](mailto:registrar@mtangel.edu)**

**Phone: 503-845-3564**

**OFFICE USE ONLY:**

**Date transcript processed/mailed:**  
\_\_\_\_\_