



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 _____ OFFICIAL _____ UNOFFICIAL
print name *amount* *amount*

TRANSCRIPT(S) BE MAILED TO THE ADDRESS(ES) BELOW:

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, scan or click the QR code or call 503-845-3923 and indicate transcript payment.*



PAY ONLINE

MAIL, FAX, OR EMAIL SIGNED FORM TO:

Mount Angel Seminary
 Attn: Registrar
 1 Abbey Drive
 Saint Benedict, OR 97373
email: registrar@mtangel.edu
fax: 503-845-3128
phone: 503-845-3564

OFFICE USE ONLY:

Date processed/mailed: _____

