UNIVERSITY OF SAINT MARY of THE LAKE

OFFICE OF THE REGISTRAR
TRANSCRIPT REQUEST
UNIVERSITY OF ST. MARY OF THE LAKE/MUNDELEIN SEMINARY
MUNDELEIN, ILLINOIS 60060

NAME: _____
LAST FIRST MIDDLE
CURRENT ADDRESS:_____

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CITY STATE ZIP
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DATE OF BIRTH _____ Years Attended USML_____

Degree: M. Div._____ STL/STD_____ MA_____ MAL_____ MAPS_____ D. Min_____

SEND TRANSCRIPT(S) TO: NUMBER OF COPIES _____

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1) **FINANCIAL OBLIGATIONS TO THE SEMINARY MUST BE SATISFIED**
2) **BECAUSE OF THE CONFIDENTIAL NATURE OF A STUDENT'S RECORDS, REQUESTS MUST MADE IN WRITING – FAXED AND SIGNED REQUESTS ARE ACCEPTED – EMAILED AND SCANNED SIGNED COPIES ARE ACCEPTED- NO PHONE REQUESTS ARE ACCEPTED**
3) **THERE IS A FEE OF $15.00 FOR EACH TRANSCRIPT. PLEASE CALL 847-970-4806 TO PAYMENT WITH CREDIT CARD**
4) **MAIL THIS FORM AND THE $15.00 FEE FOR EACH TRANSCRIPT TO:**

University of St. Mary of the Lake Office
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I GIVE MY PERMISSION FOR MY TRANSCRIPT TO BE SENT TO THE ABOVE NAMED PERSON OR PLACE.

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DATE **SIGNATURE**