MUNDELEIN SEMINARY

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

NAME: _____
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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 BE MADE IN WRITING – FAXED AND SIGNED REQUESTS ARE ACCEPTED – EMAILED SCANNED AND SIGNED COPIES ARE ACCEPTED- NO PHONE REQUESTS ARE ACCEPTED**
3) **THERE IS A FEE OF $10.00 FOR EACH TRANSCRIPT.**
4) **MAIL THIS FORM AND THE $10.00 FEE FOR EACH TRANSCRIPT** TO:

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Mundelein, IL 60060
Fax: 847-932-3305

I GIVE MY PERMISSION FOR MY TRANSCRIPT TO BE SENT TO THE ABOVE NAMED PERSON OR PLACE.

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