



MUNDELEIN SEMINARY

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

NAME: _____
 LAST FIRST MIDDLE

CURRENT ADDRESS: _____

 CITY STATE ZIP

PHONE: _____ SS# _____ EMAIL _____

DATE OF BIRTH _____ Years Attended USML _____

Degree: M. Div. _____ STL/STD _____ MA _____ MAL _____ MAPS _____ D. Min _____

OTHER(SPECIFY) _____

SEND TRANSCRIPT(S) TO: NUMBER OF COPIES _____

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- 1) FINANCIAL OBLIGATIONS TO THE SEMINARY MUST BE SATISFIED
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- 3) THERE IS A FEE OF \$15.00 FOR EACH TRANSCRIPT PAID BY:
 - a) MAIL THE FORM WITH THE FEE
 - b) CALL THE BUSINESS OFFICE AT 847-970-4807 FOR PAYMENT BY PHONE FOR FAXED OR EMAILED REQUESTS
- 4) TRANSCRIPTS MAY BE REQUESTED BY MAIL, FAX OR EMAIL OF A SIGNED FORM:
 - a) MAIL THIS FORM TO:
 - University of St. Mary of the Lake Office of the Registrar
 - Attn: Devona Sewell
 - 1000 E. Maple Ave.
 - Mundelein, IL 60060
 - b) FAX THIS FROM TO: 847-932-3305
 - c) EMAIL THIS FROM TO: dsewell@usml.edu

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

DATE

SIGNATURE