



TRANSCRIPT REQUEST

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(S) _____ MAPS _____ D. Min _____

MTS _____ DIACONATE _____ CC _____ LC _____ LL _____ ML _____

SEND TRANSCRIPT(S) TO: NUMBER OF COPIES _____

1) _____

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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
of the Registrar
Attn: Sr. Caroline Onuoha, DMMM
1000 E. Maple Ave.
Mundelein, IL 60060
Fax: 847-932-3305
email: registrar@usml.edu

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

DATE

SIGNATURE