Saint Paul School of Theology

REQUEST FOR ACADEMIC TRANSCRIPT/VERIFICATION OF ENROLLMENT

Name (please print)　　　　　　　　**Name at time of enrollment (if different)**

Phone Number　　　　　　　　　　　**Address, City, State, Zip**

Please check:

_____ Official Transcript (signed by Registrar on copy-proof paper, in a sealed envelope)
_____ Verification of Enrollment from _____ to _____

Mail to:

_____ Address as follows: 　_____
　　　　　　　(Please print)

　　　　　　　　　　　　　_____

　　　　　　　　　　　　　_____

　　　　　　　　　　　　　_____

_____ Student mailbox

_____ Will pick up in Registrar's Office

Please check: (Allow one week for processing your request)

_____ Mail at the end of _____ semester after grades are on transcript.
_____ Must be received by the following date: _____
_____ Expedited (same day) order: $5 additional fee.

Last date of attendance: _____ (mark "current" if presently enrolled)

_____
Signature of Student/Date

Return form to the address below with $5.00 per transcript. (No fee is charged for verification of enrollment.)
Make checks payable to Saint Paul School of Theology. **There is no charge to currently enrolled students.**

Return request to:　　Registrar's Office
　　　　　　　　　　Saint Paul School of Theology
　　　　　　　　　　5123 E Truman Road
　　　　　　　　　　Kansas City, MO 64127
　　　　　　　　　　(816) 245-4843

_____ Transcript has not been mailed because fee has not been paid. Please send a check for $_____.

_____ Transcript has not been mailed because of balance due on account. Please contact the Business Office.

For Office Use Only:
Date Request Received:_____　Date Mailed:_____　Fee Paid:_____