

TRANSCRIPT REQUEST FORM

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*Send to: Registrar, Sacred Heart School of Theology,
7335 S Hwy 100, P.O. Box 429, Hales Corners, WI 53130-0429*

NAME: _____

SHST ID# or SS#: _____

TELEPHONE: Day _____ Evening _____

EMAIL: _____

CURRENT ADDRESS: _____

SIGNATURE: _____

DATE: _____

If you were enrolled under any other name (maiden, religious, etc.) or have a name change, please indicate other name below.

Attended from _____ to _____

Degree/Year: MDiv _____ MA _____ Certificate _____ Other _____

Send Transcripts to: (Name, Address, City, State, Zip required)

If additional addresses are to be included, please use the back of this form.

FEES:

- \$5 each for regular service.
- \$25 each for rush service (processed within 24 hrs).

Total Due:

of Transcripts requested _____ X Fee \$ _____ = \$ _____

Payment in the form of:

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___ Credit Card: ___ MasterCard ___ Visa ___ Discover

Card # _____/_____/_____/_____

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