



Transcript Request – Permanent Deacon Formation Program

Alumni Name: _____
Address: _____
City, State, Zip _____
Phone #: _____ e-mail address: _____
Date of Birth: _____ Social Security # (optional): _____

Dates of attendance:

(Arch) Diocese of: _____
Program Dates: _____

Transcripts requested: (Note: Official transcripts cannot be sent directly to the individual.)

I request ____ (number) **official** transcript(s) to be sent to the institution and address listed below. Additional names and addresses can be attached on a separate sheet. (please type or print)

Institution Name: _____
Attn: _____
Address: _____
City, State, Zip _____
Phone #: _____

I request ____ (number) **unofficial** transcript(s) to be sent to the individual and address listed below. Additional names and addresses can be attached on a separate sheet. Include the fax number if this is to be sent via fax. (please type or print)

Name: _____
Address: _____
City, State, Zip _____
Fax #: _____
Email: _____

Signature

Date

There is a \$10.00 charge for each set of transcripts.

Delivery requested: USPS (usually 3-4 business days)
 Fax (unofficial only)
 Priority Mail (Approx. \$9.00, usually 2-3 business days)
 Express Mail (Approx. \$28, next business day delivery)
 Fed Ex (Approx. \$45, next business day delivery)

Approximate delivery charges
Expedited mail requires
credit card payment

Payment by Visa, MasterCard, or Discover:

Card number: _____ Expiration date: _____ C VV: _____

Name as it appears on the card: _____ Billing Zip Code: _____

Payment by check:

Make check payable to *Office of Permanent Deacon Formation.*

Mail to: Office of Permanent Deacon Formation, 200 Hill Drive, St. Meinrad, IN 47577.

If you have questions, please contact the Office of Permanent Deacon Formation by calling 812-357-6791 or e-mail pdf@saintmeinrad.edu. The completed request may be emailed to pdf@saintmeinrad.edu.