



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 a address listed below. Additional names and a 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 a 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 \$5.00 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 or faxed to 812-357-6283.