

**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: \_\_\_\_\_