



St. Michael Indian School
Founded by Saint Katharine Drexel in 1902
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TRANSCRIPT REQUEST FORM

Upon date of receipt, transcript requests will be processed within 5-10 business days. Mail Order, Electronic or Fax request require Copy of Identification (Driver's License or Identification Card) with order form.

Today's Date: _____

 Last Name First Name Middle

Year of Graduation: _____ Date of Birth: _____ Maiden Name: _____

Signature _____ (Required for Processing)

Home Address _____

 City State Zip Code

 Email Address Phone Number

REQUEST Official Transcript \$ 5.00 x _____ (Quantity) = _____
 Unofficial Transcript \$ Free x _____ (Quantity) = _____ 0
 Total Amount Due = _____

Visa MasterCard Discover AmEx Credit Card No. _____

Expiration date _____ Security Code _____ Signature: _____

REASON College Scholarship Employment Personal Other: _____

MAIL TO

Address Above
 Other Address: _____ Second Address: _____

OFFICIAL USE ONLY

Person Processing Form: _____ Date of Receipt: _____
 Received via FAX ___ EMAIL ___ MAIL ___ IN-PERSON ___ Identification Verified: _____

NO HOLDS HOLDS due to _____ Account Balance _____ Academic Requirements _____ Other: _____
 Student Accounts Approval _____
 Academic Advisor Approval _____

Processed Payment: Date _____ Credit Card ___ Cash ___ Receipt Number: _____

MAIL Date: _____ Pick Up Date: _____