

SAINT THOMAS ACADEMY

Transcript Release Form

Name on Transcript _____

Student's Current Grade _____ or Year of Graduation _____

Number of copies needed _____

Transcript Request

- Personal Use (e.g. Drivers license/Good student discount)
- Athletics or College reference
- Application to summer program
- Application to another secondary/high school
- Saint Thomas Academy Alum applying for transfer admission/academic program
- Saint Thomas Academy Alum job application/credential verification
- Other (please specify below)

Delivery of Transcript

Mail to program Pick up at STA Mail to requester Fax

Please include program name, address and contact person, or fax number and contact name. Attach a list if transcripts are to be mailed to multiple programs or colleges.

Signature

Signature _____ Date _____

Print Name _____

Parent or Student Contact Information _____
(phone and e-mail)

This form must be signed and mailed or faxed to Saint Thomas Academy
***All Transcripts must be approved by the Business Office**
During the summer months transcripts are processed weekly.

Saint Thomas Academy
Attn: Official Transcript Release Request
949 Mendota Heights Road
Mendota Heights, MN 55120
Phone: 651.454.4570 Fax: 651.454.4574

For Office Use Only: Mailed Faxed Student
Date received: _____ Date sent: _____ Entered _____