

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) _____

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 _____