



# Official Transcript Request Form

**Aquinas Institute of Theology  
23 South Spring Ave.  
St. Louis, MO 63108**

**Up to three free per year; \$5 each  
afterwards**

Requestor: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Transcript to be Sent To:**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Mail or fax this form and mail payment (if applicable) to:**

Office of the Registrar  
Aquinas Institute of Theology  
23 South Spring Avenue  
St. Louis, Missouri 63108-3323

Fax: 314.256.8888