

Transcript Request

I, _____ am requesting

_____ **Official** and/or _____ **Unofficial** transcripts from the Maryknoll Mission Archives. I understand that I must submit by check payable to the Maryknoll Mission Archives a \$10.00 fee per transcript. The Archives will mail my transcripts upon receipt of this letter and the appropriate fees.

Student Information:

Institution:

- () Maryknoll School of Theology
- () Maryknoll College, Glen Ellyn, IL
- () Rogers College
- () Other (please name): _____

Years Attended: _____

Student's Name (during time you attended the school): _____

Student's Date of Birth: _____

Mailing Information:

Please mail official transcripts to:

1. _____
2. _____
3. _____

Please mail unofficial transcripts to:

1. _____
2. _____
3. _____

Sincerely,

Signature:	Date:
Address:	Phone/E-mail:

**Please mail this letter and your check made payable to the Maryknoll Mission Archives to:
Maryknoll Mission Archives
PO Box 305
Maryknoll, NY 10545**