



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:

City:

State:

Zip:

Country:

Phone:

Email:

Transcript to be Sent To:

Institution:

Address:

City:

State:

Zip:

Country:

Special Instructions:

Signature:

Date:

Email, Mail or fax this form and mail payment (if applicable) to:

Office of the Registrar (registrar@ai.edu)
Aquinas Institute of Theology
23 South Spring Avenue
St. Louis, Missouri 63108-3323
Phone: 314.256.8808 | Fax: 314.256.8888