

COLLEGE OF SAINT TERESA
Transcript Request

Last Name **First Name** **Middle** **Maiden Name**

Address **City** **State** **Zip Code**

email address **Home Phone** **Cell Phone**

CST Graduation Date

Dates attended CST

Send Transcripts Directly To:

Institution: Name and/or Title

Address: Line 1

Address: Line 2

City **State** **Zip**

Signature: _____ **Date:** _____

All transcript requests must include a \$20 payment per set of transcripts. (Check, money order or cash) *No credit cards accepted.*

If you have special needs, contact Sister Ramona Kruse. Call; 507-282-7441.

You Must!

Mail \$20 and completed form to:

CST Records Office
Attn: Sister Ramona Kruse
1001 14th St NW Suite 100
Rochester, MN 55901