

COLLEGE OF SAINT TERESA Winona, Minnesota, U.S.A.

TRANSCRIPT REQUEST

Last Name	First Name	Middle	Maiden Name
Address	City	State	Zip Code
email address	Home Phone	Cell Ph	one
CST Graduation Date	Or, Dates attended CST		
Send Transcripts Direc	etly To:		
Institution: Name and/or T	litle		
Address: Line 1			
Address: Line 2			
City		State	Zip
Signature:		Date:	
	ipt requests must include a		

Make \$20 Check Payable to: SISTERS OF SAINT FRANCIS

Mail Check & Form to: Sister Shirley Schmitz
CST Records Office
1001 14th St NW Suite 100
Rochester, MN 55901