



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

**TRANSCRIPT REQUEST**

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Maiden Name</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>email address</b>	<b>Home Phone</b>	<b>Cell Phone</b>	

CST Graduation Date \_\_\_\_\_ Or, 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 Payable to: Sisters of Saint Francis) No credit cards accepted.**

**For questions, call 507-282-7441**

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

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