



Saint Mary Seminary and Graduate School of Theology

Official Transcript Request Form

TO: Registrar: Saint Mary Seminary and Graduate School of Theology

FROM: _____
(Please print or type.)

SUBJECT: Official Transcript Request

I authorize Saint Mary Seminary to send an official transcript to:

Institution: _____

Attention: _____

Address: _____

City, State, Zip: _____

If the Institution or office will accept an electronic transfer, please provide the e-mail address here: _____

Student Information:

Social Security (last 4 digits) _____

Name While Enrolled: _____

Current Address: _____

City, State, Zip _____

Email Address: _____

Area Code and Phone _____

Years attended Saint Mary Seminary: _____

Signature: _____ Date: _____

Transcript fee: \$5.00 for each transcript requested (electronic or US domestic mail)
International Mail: Current US International rates.

Checks payable to Saint Mary Seminary and Graduate School of Theology..

Transcripts are sent when transcript form and fee are received and all other financial obligations to St. Mary Seminary have been met. Please contact the Registrar if special circumstances warrant other arrangements.

NOTE: Saint Mary Seminary and Graduate School of Theology follows all Federal and State of Ohio laws and procedures relative to release of student records.

Print this form and return with the transcript fee to:

Saint Mary Seminary and Graduate School of Theology
Attention: Registrar
28700 Euclid Avenue
Wickliffe, OH 44092
registrar@stmarysem.edu

Office Use Only:
Received
Payment
Sent: