



Saint Mary Seminary and Graduate School of Theology

Transcript Request Form

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

FROM: _____
(Please Print)

SUBJECT: Transcript Request

Please send an official transcript to:

Institution: _____

Attention: _____

Address: _____

City, State, Zip: _____

Student Information:

Social Security Number: _____

Name While Enrolled: _____

Current Address: _____

City, State, Zip: _____

Email Address: _____

Area Code and Phone _____

Years attended St. Mary Seminary: _____

Signature: _____ Date: _____

Transcript fee: \$2.00 for each transcript requested
Checks payable to **St. Mary Seminary and Graduate School of Theology**

Transcripts are sent when transcript fee is received and all other financial obligations to St. Mary Seminary have been met.

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

Office Use Only: Received: Payment: Sent:
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