



# 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

**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 Number: \_\_\_\_\_

Name While Enrolled: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

Years attended Saint Mary Seminary: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript fee: \$2.00 for each transcript requested

Checks payable to Saint 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:
Receive
Payment
Sent: