



***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: \$7.00 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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