



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:

SSN Last four 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

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
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