



## *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.

#### **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

***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.***

Office Use Only:

Received

Payment

Sent: