

(For Registrar Only)

Preparer: _____

Date Mailed: _____

Name: _____

TRANSCRIPT REQUEST FORM

Number of Transcripts Requested: _____
(\$5 fee)

Date Requested: _____

Full Name at Time of Attendance: _____

Dates of Attendance (if known): _____

Date of Birth: _____

Transcript Recipient(s):

(Per Federal law, transcripts CANNOT be faxed. For additional recipient addresses, please attach sheets as necessary.)

(1) Institution or Person: _____

Street Address: _____

City, State, Zip: _____

(2) Institution or Person: _____

Street Address: _____

City, State, Zip: _____

(3) Institution or Person: _____

Street Address: _____

City, State, Zip: _____

(4) Institution or Person: _____

Street Address: _____

City, State, Zip: _____

(5) Institution or Person: _____

Street Address: _____

City, State, Zip: _____

Student Signature: _____

Mail Request with fee to:

St. Mary's Seminary & University
Attn: Registrar
5400 Roland Avenue
Baltimore, MD 21210

OR

Fax Request to: 410-864-4205
(If faxing, mail fee separately)