

TRANSCRIPT REQUEST INFORMATION

Federal privacy laws require that we have a signed written request in order to release a transcript. We will be happy to process a request once received. We do not accept e-mail requests, because they do not include original signatures.

NEW: Transcript request forms are now available on our website at http://www.stmarys.edu/st_contact_us.htm.

In the request you are asked to provide the following:

- the dates during which you attended or your graduation date
- your date of birth for identification purposes
- the address(es) to which you would like the transcript(s) mailed
- your signature

You may mail the request along with the \$5.00 fee per transcript to:
St. Mary's Seminary & University
Attn: Registrar
5400 Roland Avenue
Baltimore MD, 21210

If you wish to fax your request, please fax it to the Registrar at (410) 864-4205 and indicate in the fax that you will send the fee under separate cover. This will not delay the processing of your request which generally takes 48 hours from receipt. Payment may also be made by phone (410) 864-4234 using Visa, MasterCard, or Discover. It is not the general policy of the Registrar to provide transcripts for pick-up or while you wait in person.

If you have questions or need additional information, please contact the Registrar, Paula Thigpen, at (410) 864-3605 or the Assistant to the Registrar, Victoria Gaunt, at (410) 864-4234.

(For Registrar Only) Preparer's Initials: _____

Date Mailed: _____

Student's Last Name: _____

TRANSCRIPT REQUEST FORM

of Transcripts Requested (official ___ / unofficial ___) (\$5 fee/trans) Date Requested: _____

Full Name at Time of Attendance: _____

Dates of Attendance/Graduation Date: _____ School (please circle): SoT E.I. YTS

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: _____

Student Signature: _____

Date of Birth: _____

Contact e-mail: _____

Contact#: _____

Mail Request with fee to: St. Mary's Seminary & University OR Fax Request to: 410-864-4205
Attn: Registrar (If faxing, please mail fee separately.)
5400 Roland Avenue
Baltimore, MD 21210