



ST. MARY'S SEMINARY & UNIVERSITY
ECUMENCIAL INSTITUTE OF THEOLOGY
 Office of the Registrar
 Transcript Request Form

(For Registrar's Use)
 Student's Last Name: _____
 Preparer's Initials: _____
 Receipt # _____ Date Mailed: _____

Instructions:

- Request must contain student's signature.
- Request must contain complete name and address of each transcript recipient.
- For additional recipients, please attach sheets as necessary.
- Transcripts will NOT be released if a student has any outstanding balance or holds on their account.
- Walk-in or in-person transcript processing is by appointment only.
- Transcripts are mailed within 2 business days of receipt of request. The processing times will be longer during busy times such as registration, graduation, and holiday leave.

Transcripts can NOT be faxed or sent electronically.

Send Completed Form to:

Mail: St. Mary's Seminary & University
 Office of the Registrar
 Transcript Request
 5400 Roland Avenue
 Baltimore, MD 21210

Fax: 410-864-4205

Email: TGuion@stmarys.edu

Questions: Call 410-864-4234

STUDENT INFORMATION: Mandatory for Processing

| | | | |
|--|------------------------|----------------|------------------|
| Full Name at Time of Attendance: | | Date of Birth: | |
| Address: | City: | State: | Zip Code: |
| Daytime Phone: | Email: | | |
| Dates of Attendance: _____ to _____ | Graduation Date: _____ | Circle: | SoT EI YTS |
| Would you like to have your address and phone number updated? Yes _____ No _____ | | | |

PROCESSING INFORMATION:

| | | |
|---|--|-----------------|
| Number of Transcripts to be Sent: _____ OFFICIAL _____ Unofficial <small>Transcripts issued to you will be stamped "Issued to Student, Not Valid if Seal is Broken"</small> | | Date Requested: |
| Transcript Fee: \$5.00 per each transcript | ___ Check enclosed payable to SMSU ___ Check being mailed separately ___ Credit Card to be called in | |
| | Credit Card # _____ Expiration Date: _____ CVV code: _____ | |
| | Exact Name on Credit Card: _____ | |

SEND TRANSCRIPTS TO:

| | | | |
|-------------------|---------------|--------|------|
| Name/Institution: | Attention to: | | |
| Address: | City: | State: | Zip: |
| <hr/> | | | |
| Name/Institution: | Attention to: | | |
| Address: | City: | State: | Zip: |

I hereby give my permission to release my records to the name(s) and address(es) shown above:

SIGNATURE OF STUDENT: _____ **Date:** _____

All transcripts are issued in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974.