



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

Email: registrar@stmarys.edu

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	El YTS
Would you like to have your address and phone number updated? Yes _____ No _____			

PROCESSING INFORMATION:

Number of Transcripts to be Sent: _____ OFFICIAL _____ Unofficial	
<i>Transcripts issued to you will be stamped "Issued to Student, Not Valid if Seal is Broken"</i>	
Transcript Fee: <u>\$5.00 per each transcript</u>	<input type="checkbox"/> Check enclosed payable to St. Mary's Seminary & University <input type="checkbox"/> Send me a PayPal invoice
	<input type="checkbox"/> Check being mailed separately <input type="checkbox"/> Charge the following Credit Card:
	VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/>
	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.