



Step 1: Student Information

Please type/print (in black ink). Once you have completed the form, print it and mail or fax with payment.

Name: Last _____ First _____ Middle _____

Name(s) Used at St. Mary's (if different from above) _____

Social Security # _____ STMU I.D. # _____ Date of Birth (mm/dd/yyyy): _____

Check Program(s) Attended at St. Mary's: Undergraduate Graduate Law PhD Continuing Studies
(St. Mary's will provide complete transcripts)

Are you currently enrolled at St. Mary's? Yes No If not, when were you last enrolled? _____

Current Home Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ Work Telephone () _____ Cell () _____

E-mail _____ Do your address and phone # require updating? Yes No
(Used to send confirmation that request was received and processed)

Step 2: Transcript Request (use additional forms as needed)

St. Mary's cannot furnish transcripts of other schools. Requests must be made in writing. Requests by persons other than the student, even to pick up a transcript, will not be honored without the student's written consent. Usual processing time is 3 business days.

Process transcript request(s): NOW HOLD for end of semester grades/degree

Option 1: Mail service*

Address 1

Address 2

(include department if going to a school i.e. Admissions)

Number of copies to be mailed to above address _____

Number of copies to be mailed to above address _____

Sealed envelope? Yes No *(required by most schools)*

Sealed envelope? Yes No *(required by most schools)*

Option 2: Pick up service *

Number of copies to be picked up _____

** Processing Time 2-3 business days*

Sealed envelope? Yes No *(required by most schools)*

Special Instructions (if necessary):

Step 3: Payment (Vj gt'k'c'8502*ppp/tghwpf cdrg+ft qegulpi 'ft gr clf 'lgg'ht 'gcej 't cpuet k vt gs wguwf 0)

******; Y hen placing an order for 5 or more official transcripts, the fee is \$2.40 per copy.,*

MasterCard Visa Card Discover Card American Express Check or money order (for mailed requests only)

Credit card # _____ Name as shown on card _____

Expiration(mm/dd/yy) ____ / ____ / ____ U.V. code (last three digits on back of credit card) _____ Amount \$ _____

Zip code where statement/bill is mailed _____ Cardholder's signature# _____

Step 4: Sign and Date (if faxing request, call lo o gf kcygn 'to verify request was received and complete)

Transcript requests require clearances from the Business Office, Student Loans, Financial Aid, Registrar, and other departments.

Student's Signature _____ Today's Date _____

****St. Mary's University will not process this request if the above information is incomplete or not signed. ****