



## TRANSCRIPT REQUEST FORM

**PRINT CLEARLY and COMPLETE ENTIRE FORM**

NAME: \_\_\_\_\_

SS # \_\_\_\_\_ and/or MSM ID# \_\_\_\_\_

DAY PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**I hereby give my permission to release my records to the name and address shown below**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IF YOU WERE ENROLLED AT THE MOUNT UNDER ANY OTHER NAME OR HAVE HAD A NAME CHANGE, PLEASE INDICATE OTHER NAME BELOW.

ARE YOU CURRENTLY ATTENDING MOUNT ST. MARY'S SEMINARY \_\_\_\_\_

ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_

DEGREE/PROGRAM: M.A.(Theology): \_\_\_\_\_ M.Div./Ordination: \_\_\_\_\_ Pre-Theology: \_\_\_\_\_

*(If need a transcript of Mount St. Mary's bachelor's degree, contact the MSM University Registrar's Office)*

TRANSCRIPT FEE: \$5.00/for each Official copy - *Check may be mailed under separate cover.*

NUMBER OF OFFICIAL COPIES NEEDED \_\_\_\_\_

NUMBER OF UNOFFICIAL COPIES NEEDED \_\_\_\_\_

***Additional time is required to fill requests at the beginning and end of the semester***

SEND TRANSCRIPT(S)  NOW  AFTER CURRENT SEMESTER

AFTER PENDING GRADE CHANGES  AFTER DEGREE IS POSTED

**SEND TRANSCRIPT TO** *(give complete name and address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If requesting copies to be sent to multiple institutions, attach a list additional addresses.**

Mail this form to:	Office of the Seminary Registrar Mount St. Mary's Seminary McSweeney Hall, ground floor 16300 Old Emmitsburg Rd Emmitsburg, MD 21727-7797	urgent requests may be faxed to: Attn: Seminary Registrar 301-447-5636
--------------------	---	--