

Transcript Request Form

Student ID#: _____ SSN: _____ Phone # _____
(Former students only)

Name: _____ Former Name: _____

Address: _____

If you are an alumni of St. Mary's College of Maryland, please include current e-mail address for our Alumni office:

.....
Currently Enrolled: Yes No **Last semester/year attended if not currently enrolled:** _____

Undergraduate Graduate (MAT program)

Process my transcripts as follows:

_____ # of Official transcripts	_____ # of Unofficial transcripts
_____ Pick up transcripts	_____ Pick up transcripts
_____ Mail to address listed below	_____ Mail to address listed below
_____ Hold transcript for end of semester grades	_____ Fax transcript to number listed below
	_____ Hold transcript for end of semester grades

.....

- Each address must have a separate request.
- Normal processing time for transcripts is **3-5 business days** except during peak times.
- Additional time must be allowed for requests of 5 or more transcripts or requests made during peak processing times.
- Transcripts will not be available for those who have outstanding financial obligations to the College.
- This form will be used in a window envelope, and, therefore, you are responsible for correct and legible information.

Student Signature

Date

.....

Please Forward Transcript To:

Office Use only:
Date Sent: _____
By: _____