



REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

Office of the Registrar

162 Le Mans Hall
Saint Mary's College
Notre Dame, IN 46556

Phone: (574) 284-4560 ~ Email: registrar@saintmarys.edu
FAX: 574-284-4842 (Be sure to sign the form before you send the fax)

INSTRUCTIONS: Save form to your local computer. Complete this form, print, then sign the form and mail, fax, or e-mail it to the Office of the Registrar for processing. *Transcripts will not be processed for students/alums with an outstanding debt to the College. Checks should be made payable to Saint Mary's College.

GENERAL INFORMATION Print Date

Last name, first, mid. Name while attending Saint Mary's

SMC ID# Birth date Currently enrolled? YES NO

SMC graduation year OR Semester/Year of last attendance

Your Street Address City State Zip

Daytime or Cell phone # E-mail address

DELIVERY OPTIONS		
<input type="checkbox"/> Official transcript(s) - standard mail to address(es) below (\$5/copy)	# of transcripts <input type="text"/>	Amount due \$ <input type="text"/>
<input type="checkbox"/> Official transcript(s) - overnight* mail to address below (No P.O. box) (\$20/copy) <small>*Must be received by 2 p.m. EST to guarantee next day delivery</small>	# of transcripts <input type="text"/>	Amount due \$ <input type="text"/>
<input type="checkbox"/> Official transcript(s) - will pick up (\$5/copy)	# of transcripts <input type="text"/>	Amount due \$ <input type="text"/>
<input type="checkbox"/> Unofficial transcript(s) e-mailed to e-mail address below (\$5/copy)	# of transcripts <input type="text"/>	Amount due \$ <input type="text"/>
<input type="checkbox"/> Unofficial transcript(s) faxed to the # below (\$5/copy)	# of transcripts <input type="text"/>	Amount due \$ <input type="text"/>
NOTE: Official electronic transcripts (deliverable via e-mail) may be ordered through PRISM or studentclearinghouse.com.	Total # of transcripts <input type="text"/>	Total Amount due \$ <input type="text"/>

****Request cannot be processed without your signature****

SIGNATURE REQUIRED _____

PROCESSING OPTIONS

Process Now Hold for grades Hold for degree

RECIPIENT ADDRESS INFORMATION

Number of copies to the following address:

Recipient Name:

Street addr:

Street addr2:

City,State,zip:

E-mail Address:

Fax Number:

PAYMENT ****Request cannot be processed without payment****

Cash/Check/Money Order enclosed

ADDITIONAL COMMENTS OR INSTRUCTIONS

See next page for add'l recipient addresses. Form version 09/17/19

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