



**SACRED HEART  
MAJOR SEMINARY**

**TRANSCRIPT REQUEST FORM**

Office of the Registrar \* 2701 Chicago Blvd. \* Detroit, MI 48206-1799

Tel (313) 883-8545 \* Fax (313) 883-8682

registrar@shms.edu

**Processing time for transcript requests is 5 to 7 business days.**

Official transcripts will not be released until all financial obligations to the seminary have been satisfied.

STUDENT INFORMATION			
ALL blocks in student section must be completed - PLEASE PRINT LEGIBLY - Thank You			
LAST NAME	FIRST NAME	MIDDLE NAME	
COMPLETE MAILING ADDRESS - STREET, CITY, STATE & ZIP			
EMAIL ADDRESS: An email confirmation will be sent informing you when your transcripts were mailed.			
Do you want us to update your SHMS/SJPS record to show this as your permanent address? <input type="checkbox"/> YES <input type="checkbox"/> NO			
List any other names under which you may have attended SHMS/SJPS:			
Approximate date(s) you attended SHMS/SJPS:		Degree Awarded:	
Level of Study:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	School:	<input type="checkbox"/> SHMS <input type="checkbox"/> St. John's Provincial Seminary <input type="checkbox"/> Both
BIRTHDATE	DAYTIME PHONE #	STUDENT SIGNATURE	DATE

**TRANSCRIPT HANDLING INSTRUCTIONS**

FEE	DESCRIPTION	QTY
\$5.00 fee ea	Please mail this transcript to the recipient indicated below.	
NO FEE	I want an UNOFFICIAL copy of my transcript.	
	A check is enclosed in the amount of \$ <span style="background-color: yellow;">          </span> (cash or check payment only by mail)	
	I will call the Business Office at 313-883-8792 to pay by credit card	
	TOTAL:	

**MAILING INFORMATION**

List the complete mailing address(es) of where you would like your transcript(s) sent to. PLEASE PRINT LEGIBLY

Name: _____	Name: _____
Office: _____	Office: _____
Institution: _____	Institution: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____

FOR INTERNAL USE ONLY						
Accepted By	Holds	PDO Chg.	PDO Billed	Beg. No.	End No.	Proofed & Mailed