

## 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 N	ME FIRST NAME MIDDLE NAME		JAME				
	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?							
List any other names under which you may have attended SHMS/SJPS:							
Approximate date(s) you attended SHMS/SJPS: Degree Awarded:							
Level of Study: Und	lergraduate 🗌 Graduate	School: SHMS St. Jo	ohn's Provincial Seminary	Both			
BIRTHDATE	DAYTIME PHONE #	STUDENT SIG	NATURE	DATE			

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 <b>\$</b> (cas	sh or check payment only by mail)		
	I will call the Business Office at 313-883-8692 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	