ST. MARY'S COLLEGE

Office of the Registrar

3535 Indian Trail • Orchard Lake, Michigan 48324
248-683-0522 • Fax: 248-738-6725
Email: *transcriptrequest@orchardlakeschools.com*

TRANSCRIPT REQUEST FORM

Student ID Number/Social Security Number _____ Birth Date (mm/dd/yy) _____

Last Name _____ First _____ Middle _____ Former (if Applicable) _____

Current Street Address _____

City _____ State _____ Zip _____ Telephone Number(s) _____

I WOULD LIKE TO HAVE MY TRANSCRIPT(S):

☐ Mailed (to address below)

☐ Picked up

☐ Priority Process ***[$10 – Same Day]***

☐ Last Attended Year _____

☐ Last Completed Term _____

#☐ Official

#☐ Unofficial

#☐ Total Number Transcripts Requested
[$4 Fee Per Transcript]

Mailed to:

Name _____

Address 1 _____

Address 2 _____

City/State/Zip _____

☐ CASH Amount $ _____

☐ CHECK ***[Mailed]*** Check # _____

☐ CREDIT CARD Name on Card _____

Card # _____ Exp. Date _____ Security Code _____

x _____ Date _____

Student signature authorizing issuance of transcripts

****FERPA: Family Education Rights and Privacy Act of 1974***

Student Billing:

Faxed _____ Picked Up _____

Priority _____ Mailed _____

Approved: _____

Processed by: _____ Date: _____

Posted: _____ Date: _____