



University of Saint Mary

**TRANSCRIPT REQUEST FORM**

Student ID: \_\_\_\_\_ (if known)

Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_

Street

City

State

Zip

Phone: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Name while attending if different from above: \_\_\_\_\_

Send to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for having transcript sent: \_\_\_\_\_

Are you currently enrolled at USM? Yes \_\_\_ No \_\_\_ Number of transcripts requested \_\_\_\_\_

Send immediately \_\_\_\_\_ Hold for semester grades \_\_\_\_\_ I will pick up on \_\_\_\_\_

Hold until credits from \_\_\_\_\_ arrive.

College/University

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Student's Signature (Required for Release of Transcript)

Date

**TRANSCRIPT FEES:**

\$1.00 – Currently enrolled USM students

\$5.00 – All other students

**Internal Office Use:**

Holds: \_\_\_\_\_

Credit Card A/C: \_\_\_\_\_

\_\_\_\_\_ Amount Paid (Cash, Check/Money Order/, or Credit Card)

\_\_\_\_\_ No. of copies

\_\_\_\_\_ Date issued to student

\_\_\_\_\_ Date mailed

\_\_\_\_\_ Person issuing transcript

**FAX NUMBER: 1-913-758-6218**

MAILING ADDRESS: OFFICE OF THE REGISTRAR, 4100 SOUTH 4<sup>TH</sup> ST TRAFFICWAY, LEAVENWORTH, KS 66048

PHONE NUMBER: 1-800-752-7043 option 2

Transcript request form

Updated 11/30/2011