



**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

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 4-digits of S.S. #	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.	
\$5.00 fee ea	Please HOLD request until GRADES are posted for: FA WI SP SU	
\$5.00 fee ea	Please HOLD request until DEGREES are posted for: FA WI SP SU	
\$2.00 fee ea	I want an UNOFFICIAL copy of my transcript.	
A check is enclosed in the amount of \$ <small>(cash or check payment only, please)</small>		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: _____
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FOR INTERNAL USE ONLY						
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