

SS. CYRIL AND METHODIUS SEMINARY
3535 Indian Trail
Orchard Lake, Michigan 48324

Registrar phone: 248-706-5363
Fax number: 248-738-6735
Email: jolejniczak@sscms.edu

OFFICIAL TRANSCRIPT REQUEST FORM

PLEASE PRINT:

NAME _____
Last First Maiden or Other Name
Under Which Previously Enrolled

SEMESTER AND YEAR LAST ATTENDED _____ Student ID# _____

CURRENT ADDRESS _____
Street City State Zip

DATE OF BIRTH _____ PHONE _____

EMAIL ADDRESS (if available) _____

INSTITUTION WHERE OFFICIAL TRANSCRIPT IS TO BE MAILED (NOT FAXED):

FEE OF \$15.00 FOR EACH OFFICIAL TRANSCRIPT REQUESTED \$ _____

SIGNATURE OF STUDENT DATE

INSTRUCTIONS:

1. Transcript Request Form **MUST** have signature of student.
2. Use a separate request form for each transcript sent to a different address.
3. **Official Transcripts, having institutional seal, current date, and Registrar's signature, are \$15.00 each and are mailed only to institutions, not to students.** Payment in U.S. dollars must accompany each transcript request submitted. Please make check or money order payable to: *SS. CYRIL & METHODIUS SEMINARY.*
4. Financial obligations to SS. Cyril and Methodius Seminary, including Library obligations, must be satisfied before transcript is mailed.
5. Request for Student Transcript:
Initial Student Transcript is free. Yes _____ No _____
Additional Student Transcripts are \$10.00 each.