

Office of the Registrar One Winooski Park, Colchester, VT-05439 Telephone: 802.654.2571 Fax: 802.654.2690

TRANSCRIPT REQUEST FORM

FOR OFFICE USE ONLY:	
Date received:	Date sent:

	-	
Please print your name and address clearly. Include NAME ATTENDED UNDER, if different.	SSN or ID #:	Date of Birth:
	Currently enrolled:Y	YesNo If no, year last attended:
Name:	Saint Michael's College	UndergraduateGraduateBoth
Address:	Trinity College of VT _	Undergraduate GraduateBoth
	Check all boxes that app	ly:
	Do not hold	Hold for final grades
	Hold for degree	Hold for certification
Daytime Phone:	Hold for grade c	hange
☐ Mail transcript to: (Fill out a form for EACH address.)	Number of copies	FICIAL TRANSCRIPTS Amount due
Send to:	Regular (<i>mailed</i>)	within 5 business days) \$5.00 each
Address:	Rush (mailed the	following business day) \$10.00 each
	UNO	FFICIAL TRANSCRIPTS
	Fax copy (next b)	usiness day) \$5.00 per request
	Regular (mailed)	within 2-3 business days) no charge
	Total # to this ac	
Fax #:	ALL TRANSCRIPTS ARE	SENT VIA REGULAR MAIL.
Telephone #:	FOR OVERNIGHT OR NE OFFICE FOR RATES.	XT DAY DELIVERY, PLEASE CALL OUR
□ Do not mail. I will pick up on	MAKE CHECK PAYABLE	TO "SAINT MICHAEL'S COLLEGE"
I HEREBY AUTHORIZE THE REGISTRAR TO RELEASE MY ACADEMIC RECORDS.	Financial obligations released.Requests will be hono	released without student's written request. must be cleared before transcripts can be ored as quickly as possible in the order they
Signature Date	are received.	
SAINT MICHAEL'S COLLEGE FOUNDED Office of the Registrar One Winooski Park, Colchester, VT-05439 Telephone: 802.654.2571 Fax: 802.654.2690	CE USE ONLY	TRANSCRIPT FOR: Saint Michael's College Trinity College of VT
Requested by:		
Send to:		