



# UNOFFICIAL TRANSCRIPT REQUEST FORM

Saint Michael's College  
 Office of the Registrar Box 3  
 One Winooski Park, Colchester, VT 05439  
 Phone: 802 654 2571 Fax: 802 654 2690

<b>FOR OFFICE USE ONLY:</b>
Date received: _____
Date sent: _____

Name attended under:					
SMC ID or SSN:		Date of Birth:	____/____/____		
Address:					
City:		State:		Zip code:	
Phone number:		Currently enrolled: Yes ___ No ___	Year attended: _____		
Saint Michael's College:	Undergraduate _____ Graduate _____	Trinity College of Vermont:	Undergraduate _____ Graduate _____		

Mail/Email transcript to: (fill out a form for each request)

Send to:					
Address:					
City:		State:		Zip code:	
Email address:					

- Do not mail, I will pick up on: \_\_\_\_\_
- Please hold for: \_\_\_ Grades \_\_\_ Degree \_\_\_ Licensure/Endorsement

Number of Copies:

	Unofficial Email copy (by next business day) no charge
	Unofficial Mail* copy (mailed within 1-2 business day) no charge

*\*All unofficial transcripts are sent via regular mail.*

**I hereby authorize the registrar to release my academic records.**

Student signature

Date