



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

TRANSCRIPT REQUEST FORM

for apostille requests only

FOR OFFICE USE ONLY:

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 _____		

Please hold for: ___ Grades ___ Degree ___ Licensure/Endorsement

Number of Copies:

	Official Transcript for Apostille Purposes
--	--

I hereby authorize the registrar to release my academic records.

Student signature

Date