Transcript Request



Transcript Requests

Official and unofficial requests for transcripts must be in writing, signed with appropriate information and fees included. Letters of request are to be sent to the Registrar's Office at Sacred Heart Seminary and School of Theology (SHSST).

For an official request the transcript is issued in a sealed envelope, printed on blue security paper, validated with the embossed school seal and registrar's signature and date of issue. If photo copied, COPY will appear across the face of the document.

For an unofficial request the transcript is issued on white paper, sent to the student requesting a copy, and validated by registrar's signature and date.

By exception, transcript requests will be accepted by e-mail or fax if an original written signature is included (not a script font) or a Word document is attached.

Unsigned transcript requests cannot be processed.

Transcripts will not be issued if a student has a financial obligation to SHSST. Sacred Heart School of Theology does not issue copies of transcripts or other documents received from other institutions.

Personal Information:

First Name

Last Name (previous name if changed since leaving SHSST

SHSST ID # or SSN#

| Current Address |
|-----------------------------|
| Address (Line 2) |
| City |
| State |
| ZIP Code |
| Phone |
| E-mail |
| Dates Attended Sacred Heart |
| Degree/Program Pursued |
| |
| |
| |

MDiv MA

Other

Certificate

Signature

Date

Transcript Sent To: (please include each individual, institution, agency or business name to whom a transcript is to be sent)

Name

Address (Street, City, State and Zip)

Name

Address (Street, City, State and Zip)

Processing:

Official Transcripts are sent directly to another institution or place of employment only

Fees:

\$10 each for regular service

\$25 each for rush service (processed within 24 hours of arrival) using U.S. Post Office

\$35 each for rush service using FedEx overnight delivery within the U.S.

\$60 each for rush service using FedEx overnight delivery outside the U.S.

TOTAL DUE:

| | # of transcripts requested X \$Fee per transcript (Enter total amount due in box) |
|-------------|---|
| Check | Payment in the form of: |
| Credit Card | |
| | Check Amount |
| | Check # |
| | Credit Card Number |
| | Credit Card Exp. Date |
| | Credit Card Security Code |
| | Name on Credit Card (please print) |
| | |

Signature and Date