



**OFFICE OF THE REGISTRAR**

**Transcript Request Form**

**Instructions:** Complete this form and mail to the address below, accompanied by payment of \$5 fee for *each* transcript requested. Transcript requests *must* be in writing; no electronic submissions accepted.

**Name:** \_\_\_\_\_

**Former Name (if applicable):** \_\_\_\_\_

**Degree Conferred:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Name and Address to which transcript should be sent:**

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

**St. Bernard's School of Theology and Ministry  
40 North Main Avenue  
Albany, NY 12203**