



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
Registrar's Office
120 French Road
Rochester, NY 14618**