

COLLEGE OF SAINT MARY
Registrar's Office
7000 Mercy Rd.
Omaha, NE 68106
(OFFICE) 402-399-2443 (FAX) 402-399-2341

TRANSCRIPT REQUEST Undergraduate Transcript Graduate Transcript

PLEASE PRINT: _____
Last First Middle

If you attended under any other name:
Maiden name, etc: _____ Birth Date: _____

ADDRESS: _____

_____ City State Zip Code

SOCIAL SECURITY # _____ Phone # _____ Email _____

PLEASE CHECK ONE: () Send Now () Hold for Final Grade () Send after Degree
Recorded (Graduation date: _____)

ARE YOU NOW ATTENDING COLLEGE OF SAINT MARY? YES NO
If no, when did you last attend? _____
Do you have a degree from CSM? YES NO If Yes, date received _____

() Number of Copies to be issued to Student: _____
AND/OR

() Please mail _____ copies to:

Transcript requests for:
____ Job application
____ Graduate School
____ School Transfer
____ Boards
____ Other (Please specify)

Use back for additional addresses.

(Transcript request data reported to Vice President of Academic Affairs for informational purposes.)

STUDENT IS RESPONSIBLE FOR COMPLETE MAILING ADDRESS WITH ZIP CODE INCLUDING OFFICE/PERSON TRANSCRIPT IS TO BE DIRECTED TO.

If you are not returning to CSM, please indicate your reason for leaving. Your statement will help us better serve our students.

NO TRANSCRIPTS ARE RELEASED UNTIL ALL ACCOUNTS ARE SETTLED.

Student's Signature Date

FOR OFFICE USE ONLY: Date Sent: _____