



SAINT MARY-OF-THE-WOODS COLLEGE

Request for Official Transcript

Name: _____
LAST NAME FIRST NAME MI MAIDEN/PREVIOUS

Address: _____
STREET CITY STATE ZIP

Phone: _____
HOME CELL WORK

Social Security Number: xxx -xx - _____ Date of Birth: _____

Email Address: _____ Hold for final grades? ____ YES ____ NO

Approximate Dates of Attendance: _____ Degree Completed ____ YES ____ NO

The fee for each transcript is \$15.00 which includes regular US Postage.

Alternate options include: US Express Mail add \$23.75, or Priority Mail add \$6.65

Total charges enclosed = \$ ____ for ____ transcripts.

Circle One: VISA MASTERCARD DISCOVER CHECK CASH M/O

Card Number Expiration Date Three-digit Verification #
(Found on back of card)

***Electronic transcript delivery option is now available through Parchment at**
<https://www.parchment.com/>.*

Official transcripts cannot be faxed or emailed from our office. Please mail my transcript to:

Name: _____
(Institution, Organization or Individual)

Address: _____

Written Student Signature: _____

For mailed official transcripts from our office, you may email this signed request to registrar@smwc.edu (or fax to 812-535-5005) along with a credit/debit card number, expiration date, and verification number. Otherwise, please enclose a check or money order for the required fee and mail to the following address. According to current policy, we will process transcripts per your request provided your account with the College is clear and in good standing.

**Saint Mary-of-the-Woods College, Registrar's Office, 1 St Mary of Woods Coll
Saint Mary-of-the-Woods, IN 47876-1099 Phone: 812-535-5269 Fax: 812-535-5005**