



St. Augustine's Seminary of Toronto
 2661 Kingston Road, Scarborough, ON M1M 1M3
 416-261-7207 Fax: 416-261-2529

Students are responsible for ensuring that requests are submitted well in advance of deadline dates. Requests are processed in the order in which they are received and may take up to 2 weeks to be processed. AUTHORIZATION TO RELEASE ACADEMIC RECORD: In accordance with the University of Toronto's Access to Student Records Policy, the express written consent of the student is required to release the transcript. Transcripts will not be issued to or at the request of third parties without written authorization of the student.

REQUEST FOR OFFICIAL TRANSCRIPT

Student's Full Name: _____

Program:

- | | |
|--|---|
| <input type="checkbox"/> Master of Divinity/STB | <input type="checkbox"/> Master of Theological Studies |
| <input type="checkbox"/> Pontifical Baccalaureate of Sacred Theology | <input type="checkbox"/> Diploma in Theological Studies |
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Diploma in Lay Ministry |
| <input type="checkbox"/> Master of Religious Education | <input type="checkbox"/> Special Student / Occasional Student |
| <input type="checkbox"/> Other _____ | |

Student Number: _____

Currently Registered: Yes No, last academic year of registration: _____

Please note: *Official Transcripts are sent to other institutions directly. Official Transcripts may be sent or picked up by students in a sealed envelope. Official Transcripts which are sent to students are stamped "Issued to Student" and may be considered unofficial by the institution.*

When (choose only one option)

- After final marks _____
- Hold for Conferral of Degree _____
- Hold for Grade Change (Course _____) _____
- As soon as possible (3-5 working days) _____

How (choose only one option)

- To be picked up [in a sealed envelope] _____
- To be mailed to student [in a sealed envelope] _____
- To be mailed to address(es) requested _____
- Mailed to student _____
(will be stamped "Issued to Student")

Send to: _____

(please use other side if more room is required)

Total number of copies _____ **Cost:** \$6.00 for first copy, \$3.00 for each copy on the same request form. Payment should accompany this request.

Student's full address and phone number: _____

Student Signature: _____ **Date:** _____