



# ST VLADIMIR'S ORTHODOX THEOLOGICAL SEMINARY

575 Scarsdale Rd. • Yonkers, New York 10707 • TEL 914.961.8313 • FAX 914.961.4507 • [www.svots.edu](http://www.svots.edu)

## Request for Transcript

Requests for official transcripts, bearing the seminary seal and the Registrar's signature, **must be signed** and mailed or emailed to the Office of the Registrar ([registrar@svots.edu](mailto:registrar@svots.edu)). The fee is **\$10 per transcript**. The transcript fee can be paid by mailing a US check, made payable to "St Vladimir's Seminary," or by calling (914) 961-8313 ext. 348 during our office hours to pay by credit card.

Transcripts are normally processed in 5-7 business days and sent by normal mail, unless "pick up" or expedited delivery is requested. Students who request expedited processing will also be charged the cost of special mailing.

### Student Information

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Former Name(s): \_\_\_\_\_ Payment Method: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

### Address(es) to which transcript(s) should be sent

#### For digital transcript(s):

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_  
Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

#### For paper transcript(s):

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| _____<br>Name                       | _____<br>Name                       |
| _____<br>Address Line 1             | _____<br>Address Line 1             |
| _____<br>Address Line 2             | _____<br>Address Line 2             |
| _____<br>City State Zip/Postal Code | _____<br>City State Zip/Postal Code |

Notes:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_