



**NOTRE DAME SEMINARY
GRADUATE SCHOOL OF THEOLOGY
MASTER OF DIVINITY PROGRAM**



APPLICANT'S RECORD REQUEST FORM

Date: _____

To: Registrar

Institution

City

State

Zip

Please send one (1) copy of my official transcript of academic record at your institution to:

**Rector's Office
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391**

Please Print:

Name

Social Security Number

Date of Birth

Present Address

City

State

Zip

I attended your institution from _____ to _____

Signature of Student

To the student requesting the transcript: Most institutions require the payment of a fee before issuing a transcript. You may save time by including your payment with this request. If you have changed your name since attending this institution, please give them the name under which you attended.

Send this form directly to the institution previously attended.