

Conception Seminary College

Office of the Registrar and Admissions

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CONCEPTION
Living the Benedictine Tradition
SEMINARY COLLEGE

Transcript Release

Date: _____

For Office Use Only- Date Sent: _____

Student Printed Name: _____

Student SSN: _____ Birth date: _____

Student Current Address: _____

Email Address: _____

Daytime Phone: _____

There are two types of transcripts that are sent upon request.

Official transcripts bear the embossed college seal and may be issued only to the college, university, chancery office, government agency, or organization designated by the student.

Unofficial transcripts do not have the college seal and may be issued directly to the student for personal use.

Please forward: _____ Official Transcript(s) _____ Unofficial Transcript(s)
to the following:

Name: _____

Attention or Care of (if desired): _____

Address: _____

Purpose of Release: _____

Student Signature: _____

The charge for each transcript sent is \$5.00. Kindly remit the correct amount.

Form date: 04/2019