

**TRANSCRIPT REQUEST FORM
SAINT JOSEPH'S COLLEGE OF MAINE**

278 WHITES BRIDGE RD, STANDISH, MAINE 04084
Phone: (207) 893-7798; **FAX:** (207) 893-7701

Official Transcripts have the raised College seal and signature of the Registrar or Associate Registrar

THE OFFICIAL TRANSCRIPT FEE OF **\$ 5** IS PAYABLE AT TIME OF THIS REQUEST

Checks made out to Saint Joseph's College

* (We accept Master Card, Visa and Discover only)

Credit Card #: _____ Exp Date: _____ CV#(3 digit number on back of card): _____

PLEASE PRINT YOUR FULL NAME

_____/_____/_____
Soc. Sec. NUMBER

PLEASE HOLD REQUEST UNTIL CURRENT SEMESTER'S GRADES ARE POSTED

A) **TRADITIONAL** ON CAMPUS STUDENT or COMMUTER I CAN BE REACHED AT:
Off Campus Phone: _____ ON CAMPUS TELEPHONE _____

or
B) **GRADUATED** NOT CURRENTLY ENROLLED/Withdrawn
DATES OF ATTENDANCE _____
MY FULL NAME AT TIME OF ATTENDANCE (IF NOT THE SAME AS ABOVE):

or
C) **DISTANCE EDUCATION STUDENT** CURRENTLY ENROLLED IN COURSES

Please mail official Transcript to the following address:

(Use the back for other addresses)

Student will pick up
Transcript at Registrar's Office:

YES

Please print your current address and phone number

If using a credit card, please print credit card billing address

SIGNATURE OF STUDENT

DATE

REQUESTS FOR TRANSCRIPTS ARE NORMALLY FILLED AND IN THE MAIL STREAM WITHIN TWO DAYS