

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

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

Check made out to Saint Joseph's College; or Credit Card: _____, Exp Date: _____

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

GRADUATED NOT CURRENTLY ENROLLED/Withdrawn

B) 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 so our office may be able to contact you with any questions.

SIGNATURE OF STUDENT

DATE

REQUESTS FOR TRANSCRIPTS ARE NORMALLY FILLED and IN THE MAIL STREAM WITHIN 2 DAYS.