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**

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

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☐ **GRADUATED** ☐ NOT CURRENTLY ENROLLED/Withdrawn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.