

# TRANSCRIPT REQUEST FORM



Please submit the transcript request form to the appropriate address.

*Brooklyn Campus Registrar's Office*  
245 Clinton Avenue  
Brooklyn, New York 11205

*Long Island Campus Registrar's Office*  
155 West Roe Boulevard  
Patchogue, New York 11772

Student ID# or SS# (Last 4 Digits): \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE:

Home \_\_\_\_\_

Cell \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Current Student - HOLD THIS TRANSCRIPT FOR: ☐ Final Grades  
☐ Degree Notation

CAMPUS:

- ☐ Brooklyn  
☐ Long Island

School:

- ☐ School of Arts & Sciences  
☐ School of Professional Studies  
☐ High School Program

DIVISION: ☐ Undergraduate ☐ Graduate

NAME WHILE IN ATTENDANCE: \_\_\_\_\_  
(PLEASE PRINT)

INCLUDE \$5.00 FEE PER TRANSCRIPT PAYABLE TO ST. JOSEPH'S UNIVERSITY  
NO FEES REQUIRED FOR UNOFFICIAL TRANSCRIPTS

- ☐ Official Transcript  
☐ Unofficial Transcript

CHECK PRESENT STATUS: ☐ In Attendance ☐ Officially Withdrawn ☐ Graduate

DATES OF ATTENDANCE: From \_\_\_\_\_ To \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

REASON FOR REQUEST:

PLEASE PRINT (Applicant is Responsible for Complete Address)

Mail To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(AUTHORIZING ISSUANCE)

\_\_\_\_\_  
(Amount/Date Received/Initials)