



# St. Joseph's Seminary & College

## Transcript Request Form

Please allow 5-10 Business Days for Processing

Please Print:

(Last Name) (First Name) (Middle Name)

Former Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Check One:  
 Official- Qty: \_\_\_\_\_  
 Unofficial- Qty: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Signature: \_\_\_\_\_

Transcript Fee: \$10.00 per Official Copy  
No fee for Unofficial Copy

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Transcript To:  
*(please note, official transcripts must remain sealed when submitting to academic institutions)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Method(s):

Personal Check or Money Order payable to *St. Joseph's Seminary & College*

Mail Request to:  
St. Joseph's Seminary & College  
Office of the Registrar  
201 Seminary Avenue  
Yonkers, NY 10704

\*\*This form is not to be submitted via email. Original forms, signature and payment are required to process transcript requests.\*\*

Office Use Only Date Processed: \_\_\_\_\_  
Payment Method: \_\_\_\_\_