

## **TRANSCRIPT REQUEST FORM**

First Name	Last Na	ime	Middle Initial_
Last four digits of Social Secu	rity Number	Date of Bi	rth
Phone	Email		
Dates of Attendance	Semester/Year	to Sem	ester/Year
When would you like the trar	script sent?		
<ul> <li>As soon as possible</li> </ul>			
• After final grades are	•	•	
<ul> <li>After my degree is posi-</li> </ul>	sted to the transcript (	(graduating students o	only)
Please check one.			
$\circ$ I will pick up the tran	script from the Acade	mic Office.	
$\circ$ I am requesting a trai	nscript for myself. Ple	ease mail it to the add	lress listed below.
Address			
City	Stat	eZip	
$\circ$ I am requesting a trai	nscript be sent directl	y to another institutio	on.
Institution Name			
ATTN			
Address			
		eZip	
Institution Phone			
Forms should be mailed or er	nailed to: Sair	nt Joseph Seminary Co	ollege
		gistrar's Office	-
	753	376 River Road	
	St.	Benedict, LA 70457	
	tra	nscripts@sjasc.edu	
	transmint I hafficial to		the second s

**Official transcripts are \$8.00 per transcript. Unofficial transcripts are \$5.00 per transcript.** Checks or money orders payable to *Saint Joseph Seminary College* should be mailed with the form. If the form is being sent electronically, please make a copy and include it with the mailed payment.

All **official** transcripts are sent through USPS mail. Official electronic transcripts are not available, but unofficial transcripts may be sent electronically upon request. Transcripts may not be released for anyone with a remaining balance at Saint Joseph Seminary College.

Signature
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