TRANSCRIPT REQUEST FORM

To request a free official St. John’s University transcript with your College Advantage Course(s), please complete and mail this form to either address.

St. John’s University
Office of the Registrar
8000 Utopia Parkway
Queens, NY 11439

St. John’s University
Office of the Registrar
300 Howard Avenue
Staten Island, NY 10301

PLEASE PRINT ALL INFORMATION (Forms that cannot be read will not be processed)

1. Name _____________________________________________ _____________________________
   LAST Name   FIRST Name

2. Student Phone Number ________________________________

3. Home or mailing address
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. □ Check here if you would like a copy of your transcript sent to your home or mailing address you provide above

5. High School Name_____________________________________

6. When course(s) taken (check all that apply)
   a. Junior year of HS  □ Fall ______ year  □ Spring ______ year
   b. Senior year of HS  □ Fall ______ year  □ Spring ______ year

7. Date of Birth ____________________________ AND/OR Last 4 digits of your SS # ________________

8. Courses taken in the CA program
   ______________________________________________________
   ______________________________________________________

9. The name and address where you want your transcript sent
   (Include contact name, bldg name and or room number, if applicable)
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Student Signature ________________________________________ Date ________________

(THIS REQUEST CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE)