



# ST JOHN'S COLLEGE

ANNAPOLIS · SANTA FE

## RECORDS/TRANSCRIPT REQUEST FORM

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

Name while enrolled: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Academic records are released only upon receipt of the student's signed, written request delivered to the Office of the Registrar in person, via mail, or by fax. All financial obligations to the College must be satisfied before the transcript of a student's record will be processed. No transcripts, grades or other academic reports will be emailed or discussed over the telephone. Rush and/or express delivery orders must be pre-approved by staff and prepaid before processing.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CURRENT STUDENTS

Undergraduate: JF\_\_ FF\_\_ SO\_\_ JR\_\_ SR\_\_

Graduate Student: Eastern Classics \_\_\_\_

Graduate Student: Liberal Arts \_\_\_\_

### FORMER STUDENTS

Years Attended: \_\_\_\_\_

Program: BA\_\_ MALA\_\_ MAEC\_\_

If no degree, last term attended \_\_\_\_\_

Please use the following TYPE codes with the number you are requesting below:

OT Official Transcript

UT Unofficial Transcript

GP Course/Grade history printout with GPA/Unofficial document (*only for students enrolled from 2000- current year*)

EV Enrollment Verification (*check here \_\_\_\_ if GPA is needed*) **applies only to currently enrolled students.**

DR Don Rag/Conference Report (please specify semester/year) \_\_\_\_\_

TYPE/QUANTITY: \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

TYPE/QUANTITY: \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Regularly processed transcripts and documents are free of charge. Supplementary fees apply for RUSH service and/or Express Delivery. Check off one or both.

\_\_\_\_ Please RUSH my transcript (s) for a fee of \$10 (**request processed within 12 office hours**)

\_\_\_\_ Please arrange for Federal Express One-Day Overnight Delivery (this charge normally falls between \$16-\$20). For rush and/or express delivery orders received via fax, please provide the credit card info below.

Circle Card Type: Visa / MC / Discover / Amex Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code (last three digits on reverse of card on or near signature strip): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Billing Phone: \_\_\_\_\_

FAX TO 505-984-6175 OR PRINT AND MAIL TO: ST. JOHN'S COLLEGE, OFFICE OF THE REGISTRAR  
1160 CAMINO DE LA CRUZ BLANCA, SANTA FE, NEW MEXICO 87505-4599, USA