

Request for Academic Transcript

St. John's College
Annapolis Campus

*This service is free of charge.
(Requestor is responsible for expedited delivery charges, if requested.)*

Name: _____ Former Name(s): _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Last Date/Semester Attended: _____ or graduation date: _____

Did you attend the Graduate Institute? Yes No

- Alumni/ae Current Student
 Send Now Send after semester grades are available

Number of Transcripts: _____ Official _____ Unofficial

(Official transcripts come on security paper with official seal and Registrar's signature; unofficial transcripts contain identical information, but are not on security paper nor are they signed.)

- Mail transcript(s) to the student at the above address.
--Or--
 Mail transcript(s) directly to:

1. _____ 2. _____

Attn: _____ Attn: _____

If you are sending to more than two recipients, please list the additional addresses on another blank page and send with this request.

Signature: _____ Date: _____

Please mail this form to: Registrar's Office
St. John's College
PO Box 2800
Annapolis, MD 21404-2800

Or fax to: 410-295-6937

Or scan and e-mail to: registrar@sjca.edu