



# Transcript Request Form

*Office of the Registrar*

**Date of Request:** \_\_\_\_\_

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

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name (*if applicable*): \_\_\_\_\_

Year of Graduation/Withdrawal: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_

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

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**Official Transcript:** Embossed with the St Joseph crest and sealed in an envelope. These transcripts can only be sent to the employer/school or other agency requiring such a document. There is a \$5.00 charge per official transcript.

**Unofficial Transcript:** Neither stamped nor sealed. These transcripts can be used for personal use and may be picked up in the Main Office, mailed, or sent via fax/email. There is no charge for unofficial transcripts.

I am requesting an:

\_\_\_\_ Official Transcript      No. of copies: \_\_\_\_\_      Total: \$\_\_\_\_\_

\_\_\_\_ Unofficial Transcript      No. of copies: \_\_\_\_\_

Unofficial Transcript Delivery Method: \_\_\_\_ U.S. Mail      \_\_\_\_ Fax      \_\_\_\_ Email

Transcript to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## PROCESSING INFORMATION:

Please remit this form and appropriate payment (cash or personal check made out to St Joseph High School) to:

**St Joseph High School**  
**Attn: Registrar**  
**2320 Huntington Turnpike**  
**Trumbull, CT 06611**

**Please allow 2-3 business days for processing.**

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## Office Use Only:

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_