



Fostering faith ▪ Inspiring excellence

TRANSCRIPT REQUEST FORM

Name: _____		Former/Maiden Name: _____	
Attended Saint John's from _____		to _____	
Month/Year		Month/Year	
Graduated: Yes No		(Please Circle)	
Address: _____			
City: _____		State: _____	Zipcode: _____
Date of Birth: _____		Phone #: _____	
Student Signature: _____		Date of Request: _____	

TYPE OF TRANSCRIPT REQUESTED:			
Official: _____		Unofficial: _____	
# of Copies Requested: _____			
SEND TRANSCRIPT TO: (Please print legibly and include complete address of where you would like transcript sent.)			

A transcript will be not released if this office has been notified of financial indebtedness to the school.

Records cannot be released without the written consent of the student. Mail this form and a check or money order in the amount of \$10.00 per transcript to:

Saint John's Catholic Prep, Main Office, 3989 Buckeystown Pike, P.O. Box 909, Buckeystown, MD 21717

FOR OFFICE USE ONLY:

Date transcript mailed: _____ By: _____