

St. Joseph's Seminary  
Official Transcript Request Form

Allow 5-10 Working Days for Processing

Please Print:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

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

Former Name(s): \_\_\_\_\_

Current Address:

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

Please Check One:

Official

Unofficial

Transcript Fee: \$10.00 per Official Copy, No fee for Unofficial Copy

Telephone Number: \_\_\_\_\_

Attendance Period: \_\_\_\_\_

Additional Information:

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

Mail Transcript To:

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

Payment Method (s):

Personal Check or Money Order (Payable to St. Joseph's Seminary)

Mail Request to:

St. Joseph's Seminary  
Office of the Associate Dean  
Transcript Request  
201 Seminary Ave.  
Yonkers, NY 10704  
914-367-8281

Please do not submit this form via email. Your actual signature and payment are needed in order to process your transcript request.

Office Use Only  
Date Sent: \_\_\_\_\_