TRANSCRIPT REQUEST FORM

To request a FREE official St. John's University transcript with your College Advantage Course(s), please complete and mail this form to either address.

St. John's University
Office of the Registrar
8000 Utopia Parkway
Queens, NY 11439

St. John's University
Office of the Registrar
300 Howard Avenue
Staten Island, NY 10301

PLEASE PRINT ALL INFORMATION (Forms that cannot be read will not be processed)

1. Name _____ _____
   LAST Name **FIRST** Name
2. Student Phone Number _____
3. Home or mailing address
   _____
   _____
   _____
   _____
4. ☐ Check here if you would like a copy of your transcript sent to your home or mailing address you provide above
5. High School Name_____
6. When course(s) taken (check all that apply)
   a. Junior year of HS ☐ Fall _____year ☐ Spring _____year
   b. Senior year of HS ☐ Fall _____year ☐ Spring _____year
7. Date of Birth _____ AND/OR Last 4 digits of your SS # _____
8. Courses taken in the CA program
   _____
   _____
   _____
9. The name and address where you want your transcript sent
   (Include contact name, bldg name and or room number, if applicable)
   _____
   _____
   _____
   _____

Student Signature _____ Date _____
(THIS REQUEST CANNOT BE PROCESSED WITHOUT **YOUR** SIGNATURE)