



SCHOOL
OF LAW

**School of Law
Transcript Request Form**

Name: _____X: _____

Year of Graduation or Years of Attendance: _____
(If graduation date is prior to 1984, please provide date of birth) _____

Phone: (_____) _____

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Method of delivery*: Pick Up _____ Standard Mail _____

*Transcripts **cannot** be emailed or faxed

Please address transcript to: (Print Clearly)

Name: _____

Address: _____

Signature: _____ Date: _____

This request may be:

- Faxed to (718)990-7469 or
- Scanned and emailed to LawRegistrar@stjohns.edu or
- Mailed to: **St. John's University School of Law**
Office of the Registrar, Belson Hall 4-58
8000 Utopia Parkway
Jamaica, NY 11439

*Please note that certain **HOLDS** on a student account prevent the issuance of a transcript. For **HOLDS** due to an account in arrears, please see the Student Financial Services site at <http://www.stjohns.edu/services/financial/bursar/payments/payments.stj>*

Transcripts are processed within 3-4 business days following the receipt of the request.

Note: *Transcripts ordered through UIS are printed the next business day.*

(Updated 08/2013)