



# ST. JOHN'S UNIVERSITY

## 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

**For electronically sent transcripts please write to [registrars@stjohns.edu](mailto:registrars@stjohns.edu)**

**\*\*\*there is a fee for this service\*\*\***

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

1. High School Name \_\_\_\_\_
2. Name \_\_\_\_\_  

LAST Name
FIRST Name
3. Date of Birth \_\_\_\_\_ AND/OR Last 4 digits of your SS # \_\_\_\_\_
4. Student Phone Number \_\_\_\_\_
5. Home or mailing address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6.  Check here if you would like a **FREE** copy of your transcript sent to your home or mailing address you provided above
7. 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
8. Courses taken in the CA program – *if exact course name is not known just list subject(s)*  
\_\_\_\_\_  
\_\_\_\_\_
9. The name and address of college/university you want your transcript sent to  
*(Include contact name, bldg name and or room number, if applicable)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**(THIS REQUEST CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE)**