



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

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)