



**ST. PATRICK'S SEMINARY & UNIVERSITY
OFFICE OF THE REGISTRAR**

OFFICIAL TRANSCRIPT REQUEST FORM

(Please mail form and payment to the office of the Registrar)

Name _____
First Middle Last

Address _____

Telephone # _____ Date of Birth _____

Last 4 digits of SSN _____

Please process my records of:

St. Patrick's Seminary Yes
Years of attendance _____ to _____
No. transcripts to request _____

St. Joseph's College Yes
Years of attendance _____ to _____
No. transcripts to request _____

Processing Fee: \$12.00 per transcript.

Please make check payable to St. Patrick's Seminary & University

Mail official transcript(s) to [attach list of additional addresses, if necessary]:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I have enclosed a check for \$ _____

Signature _____ Date _____

- ♣ In accordance with the Family Education Rights and Privacy Act of 1974, your academic record cannot be released without your written consent. Third party requests for your transcripts will not be honored without your written consent.