



*Fostering faith ■ Inspiring excellence*

### TRANSCRIPT REQUEST FORM

Name: _____	Former/Maiden Name: _____
Attended Saint John's from _____ to _____	Graduated: Yes No
Month/Year	Month/Year (Please Circle)
Address: _____	
City: _____	State: _____ Zipcode: _____
Date of Birth: _____	Phone #: _____
Student Signature: _____	Date of Request: _____

<b>TYPE OF TRANSCRIPT REQUESTED:</b> Official: _____ Unofficial: _____ # of Copies Requested: _____
<b>SEND TRANSCRIPT TO:</b> (Please print legibly and include complete address of where you would like transcript sent.) _____ _____ _____

A transcript will be not released if this office has been notified of financial indebtedness to the school.

Records cannot be released without the written consent of the student. Mail this form and a check or money order in the amount of \$10.00 per transcript to:

Saint John's Catholic Prep, Main Office, 889 Butterfly Lane, Frederick, Maryland 21703.

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*FOR OFFICE USE ONLY:*

Date transcript mailed: \_\_\_\_\_ By: \_\_\_\_\_