

COLLEGE OF ST. JOSEPH
71 Clement Road
Rutland, VT 05701

TRANSCRIPT REQUEST
Registrar's Office

Request Date _____

Student Information

| | | | |
|-----------------------------|------------------|------------|--|
| Last Name _____ | First Name _____ | M.I. _____ | Was this your name during the period of enrollment? Yes___ No___ |
| Street Address _____ | | | If no, provide prior name(s) _____ |
| City _____ | State _____ | Zip _____ | Social Sec. #: _____ |
| Daytime Phone Number: _____ | | | Last date of Attendance: _____ |
| | | | Degree Earned: _____ |

Are you currently enrolled in courses? Yes___ No___
 If yes, do you want these courses to appear on this transcript? Yes___ No___

When would you like us to release the transcript?
 ASAP (48hrs) End of this semester Next day service (\$10)

Does the transcript need to be enclosed in a sealed envelope inside the mailing envelope? Yes___ No___

Charges for Transcripts

| | |
|----------------------------------|--|
| First Transcript \$4.00 | |
| Same Address \$1.00 X___ | |
| Additional Addresses \$2.00 X___ | |
| Next Day Service | |
| Fax | |
| Previous Balance | |
| Total | |

Transcript Destinations

| | | | |
|------------|-------------------|------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Date Sent: | Number of Copies: | Date Sent: | Number of Copies: |
| | | | |
| | | | |
| | | | |
| Date Sent: | Number of Copies: | Date Sent: | Number of Copies: |

Student Signature _____ **Date** _____

Please sign and return with payment. Thank you.

For Office Use Only

Date Processed _____ by _____ Financial Clearance _____ by _____ Paid _____
 Computer _____