

College of St. Joseph

Transcript Request Form

Return request to:
By mail: College of St. Joseph
Registrar's Office
71 Clement Road
Rutland, VT 05701
Or fax: (802) 776-5275

Student Information (Please Print):

Last Name: _____ First Name: _____

Former Name (if attended under a different name): _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

Social Security Number or Student ID #: _____ E-Mail Address: _____

Dates Attended: _____ to _____ Degree Earned/Year: _____/_____

Transcript Fee:

The cost for one official transcript is \$5.00. This includes both undergraduate and graduate course work completed at the College of St. Joseph.

Release of Transcripts:

___ 48 Hours

___ End of Semester

___ Number of copies of requested

x \$5.00 (mailed official) \$ _____

x \$10 (faxed unofficial copy) \$ _____

TOTAL AMOUNT DUE \$ _____

Payment:

___ Check/Money Order (enclosed)

___ Cash (enclosed)

___ Credit Card (provide the following)

___ VISA ___ MasterCard ___ Discover

Credit Card # _____

3-digit code (on back of card) _____ Expir Date _____

Name of Cardholder _____

Include Social Security Number on transcript? ___ Yes ___ No. (Please note, a date of birth cannot be listed on the transcript.)

Send Transcript To – Please Print (information must be accurate and complete)

Institution: _____

Attn: _____

Street: _____

City, State, Zip: _____ # of copies to the address: _____

Send Transcript To – Please Print (information must be accurate and complete. Include fax number if applicable)

Institution: _____

Attn: _____

Street: _____

City, State, Zip: _____ # of copies to the address: _____

Signature: _____ **Date:** _____
(required)

All financial obligations to the College must be satisfied before transcripts are released.

For office use only: Date processed _____ by _____ Paid: Check # _____ Cash _____ CC _____