

TRANSCRIPTS



SAINT JOSEPH'S UNIVERSITY
Student Service Center
Transcript Request Form

Student #

INSTRUCTIONS: Please print completing all items on this form. Submit Payment of transcript fee **\$5 per copy ending May 31, 2009 and effective date June 1, 2009 \$7 per copy** and this request form to the Student Service Center. Please use a separate form for each different address. Request will be filled in the order in which it is received. Please allow 10 business days for delivery.

NOTE: Transcript request will not be processed with Outstanding Financial Obligation

Name: _____

Address: _____

Phone: _____ Name if different during attendance _____

- Check all that apply:**
- Currently enrolled
 - Graduation, Withdrawal date: _____
 - Attended before 1987; if so: Last Date of Attendance _____
 - Day student University College/ Bridge Graduate
 - Send immediately Send when grades are posted

I would like to take my transcript with me today. # of Copies _____

Send inside SJU to Department _____ (no fee for this service)

I would like to have it mailed to: # of Copies _____

Processing Fees

\$7.00 per copy Check, Cash, or Money Order
Made payable to Saint Joseph's University

For Rushed Service you must select UPS Express Delivery for an Additional \$13.00 Fee

ie. \$13.00 FOR EACH ADDRESS LISTED

Number of Copies	_____ x \$ 7.00 = \$ _____
UPS Delivery (per address)	_____ x \$ 13.00 = \$ _____
Total Amount Due	\$ _____

Signature: _____ Date: _____

Office use only: Rec'd _____ Paid _____

TRANSCRIPTS

Sent _____ *Initials* _____