



## Saint John's Seminary Transcript Request

Name (as used while attending Saint John's Seminary):

\_\_\_\_\_

( LAST)                      ( FIRST)                      ( MIDDLE)

Last 4 digits of SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ and/or Email: \_\_\_\_\_

Dates of Attendance:

College                      from \_\_\_\_\_ to \_\_\_\_\_

Pre-Theology              from \_\_\_\_\_ to \_\_\_\_\_

School of Theology      from \_\_\_\_\_ to \_\_\_\_\_

MAM Program              from \_\_\_\_\_ to \_\_\_\_\_

MTS Program              from \_\_\_\_\_ to \_\_\_\_\_

Number of copies (\$5 each): \_\_\_\_\_

Send to (please use the back of the sheet if there are multiple addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*(Signature required by Family Educational Rights and Privacy Act of 1974)*

Please enclose a check or money order made out to St. John's Seminary. Send to Office of Admissions and Records, St. John's Seminary, 127 Lake Street, Brighton, MA 02135.

***Please do not write below this line.***

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Date received: \_\_\_\_\_ Check amount: \_\_\_\_\_

Date sent: \_\_\_\_\_