

TRANSCRIPT REQUEST FORM – ST. JOHN’S SEMINARY ACADEMIC OFFICE



- To order official or unofficial transcripts, please print, complete, sign, and return along with transcript fee to the address below.
- **Transcript Processing: \$10.00 per official copy**, unofficial is free. Transcripts will be processed within five (5) business days. Processing time does NOT include shipping. Therefore, please make sure to allow enough time for processing and shipping. Documents are sent via USPS only.
- SJS College and OLQA High School records processing time is 5-10 business days as these records have been archived.
- At the time of your request all financial obligations to St. John's Seminary or SJS College must be cleared. If you have a past balance due, there will be a "HOLD" on your record and you will be unable to obtain a transcript. Once your account is cleared, you will need to *resubmit* your request.
- We are unable to provide electronic official transcripts.
- **Student records are confidential and are not released without the written consent of the student, unless otherwise required by law. Your signature on this form indicates that you are requesting your records and that the information contained herein is accurate to the best of your knowledge. SJS considers a falsified transcript request as fraud.**

Student Information – Complete in full. PLEASE USE BLACK or BLUE INK

Legal Last Name:	Legal First Name:	M.I.
Date of Birth:	Social Security No.:	
Email Address:	Phone Number:	

Current Mailing Address:

School Information -please indicate from which school you would like your transcripts from by marking with a [X] the appropriate box(es):

☐ St. John's Seminary (Graduate School of Theology) ☐ St. John's Seminary College (Undergraduate School) ☐ Our Lady Queen of Angels High School Seminary

Graduation Year and/or approximate dates of enrollment:

Delivery Instructions

Quantity: Official (\$10.00 per copy) : _____ Unofficial (no cost) : _____

Mail To:

If mailing to multiple addresses, please list additional addresses on a separate piece of paper

OR

Pick Up: ☐ *Pick up only available to current students*

Signature Acknowledgement

By signing below, I certify that I am the person stated above and that the information I have given is accurate to the best of my knowledge. I also give St. John's Seminary the necessary permissions to process this request.

Signature: _____ Date: _____

Return form and payment to:
St. John's Seminary
Attn: Registrar (Transcript Request)
5012 Seminary Road
Camarillo, CA 93012 -2500