

REQUEST FOR TRANSCRIPT

**GUIDANCE DEPARTMENT
ST. JOHN THE BAPTIST D.H.S.
WEST ISLIP, NY 11795
631-587-8000 ext. 126**

**To order a high school transcript to be sent to a college, organization or to yourself,
Please download the form below, fill out and return to the Guidance Office.
You can mail, fax (631-587-8996) or e-mail (records@sjbdhs.org) your request.**

NAME: _____ DATE: _____

If your educational records are under another surname, please list it here:

ADDRESS: _____

_____ ZIP _____

TELEPHONE: _____ D.O.B. _____

YEAR OF GRADUATION _____

OR

YEARS OF ATTENDANCE FROM _____ TO _____
(If not a graduate)

TRANSCRIPT(S) TO BE SENT TO: _____

SIGNATURE: _____

(AUTHORIZATION FOR ISSUANCE OF TRANSCRIPT)

PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE

**\$5.00 FEE PER OFFICIAL TRANSCRIPT _____ (OFFICAL TRANSCRIPTS NEED TO
BE MAILED DIRECTLY TO THE COLLEGE OR ORGANIZATION.)**

\$5.00 FEE PER UNOFFICIAL TRANSCRIPT _____ (Will be sent to the address above)

Fee can be paid by cash, credit card or check payable to St. John the Baptist.

Transcripts will be sent approximately one week after receiving requests.