

**ALUMNI 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.*