



**Saint
Joseph's
College
of Maine**

278 WHITES BRIDGE ROAD, STANDISH, MAINE 04084

REGISTRAR'S OFFICE (207)-893-7798

TRANSCRIPT REQUEST FORM

Official Transcripts have the raised College seal and signature of the Registrar or Associate Registrar

PLEASE PRINT YOUR FULL NAME _____

_____/_____/_____
Soc. Sec. NUMBER

☐

PLEASE HOLD REQUEST UNTIL CURRENT SEMESTER'S GRADES ARE POSTED

A)

☐

TRADITIONAL ON CAMPUS STUDENT or COMMUTER

I CAN BE REACHED AT:

Off Campus Phone: _____

ON CAMPUS TELEPHONE _____

or

☐

GRADUATED

☐

NOT CURRENTLY ENROLLED/Withdrawn

B)

DATES OF ATTENDANCE _____

MY FULL NAME AT TIME OF ATTENDANCE (IF NOT THE SAME AS ABOVE):

or

C)

☐

DISTANCE EDUCATION STUDENT

☐

CURRENTLY ENROLLED IN COURSES

THE OFFICIAL TRANSCRIPT FEE OF \$ 8 IS PAYABLE AT TIME OF THIS REQUEST

Checks made out to Saint Joseph's College * (We accept Master Card, Visa and Discover only)

Credit Card #: _____ Exp Date: _____ CV#(3 digit number on back of card): _____

**Please print your current address and phone number
address.**

If using a credit card, please print the credit card billing

Email address _____

Telephone Number _____
