



ST. JOHN'S

COLLEGE HIGH SCHOOL | Est 1851

REQUEST FOR TRANSCRIPT

Registrar
St. John's College High School
2607 Military Road, NW
Washington, DC 20015

Name: _____
(Maiden Name)

Address: _____

Date of Birth: _____ Phone: _____ Email: _____

De La Salle Scholars Program: Y / N

Year of Graduation or Last Year Attended: _____

___ Please send an **official*** (sealed copy) / **unofficial** (stamped unofficial) transcript
*Circle which kind needed. *Official copies sent directly to outside party.*

To: _____

Attn: _____

___ I will pick up transcript

___ I have attached \$5.00 to this request (Payable to St. John's College High School)

For Office Use Only – Transcript Request for _____

Date Received: _____ Date Released: _____

Cash
Check (Number _____)
Money Order
Amount paid \$ _____