



**St. John's College High School
REQUEST FOR TRANSCRIPT
FROM GRADUATE OR FORMER STUDENT**

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

Name: _____ (Maiden Name)

Address: _____

Date of Birth: _____ Social Security Number _____ - _____ - _____

Phone: _____ E-Mail: _____

Year of Graduation or Last Year Attended: _____

____ Please send an **official** (sealed copy), **unofficial** (stamped unofficial) transcript
[circle which kind you need]

To: _____

Attn: _____

____ I will pick up transcript

____ I have attached \$3.00 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 \$ _____

