



St. John's Seminary Transcript Request

Name (as used while attending St. John's Seminary):

(LAST) (FIRST) (MIDDLE)

Last 4 digits of SSN: _____ Birthdate: _____

Address: _____

Phone: _____ and/or Email: _____

Dates of Attendance:

College from _____ to _____

Pre-Theology from _____ to _____

School of Theology from _____ to _____

MAM Program from _____ to _____

Number of copies (\$5 each): _____

Send to (please use the back of the sheet if there are multiple addresses):

Signature: _____

(Signature required by Family Educational Rights and Privacy Act of 1974)

Please enclose a check or money order made out to St. John's Seminary. Send to Office of Admissions and Records, St. John's Seminary, 127 Lake Street, Brighton, MA 02135.

Please do not write below this line.

Date received: _____ Check amount: _____
Date sent: _____