



# St. Joseph by-the-Sea High School

Guidance Office

Transcript Request

Social Security Number

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PLEASE PRINT YOUR NAME AND  
CURRENT ADDRESS BELOW

Last Name,	First Name,	Middle Initial
Maiden Name <i>(if applicable)</i>		
Complete Address		

PLEASE FORWARD TRANSCRIPT TO:  
*(PRINT CLEARLY)*


Name: while in attendance

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates attended:

From \_\_\_\_\_ to \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Number of copies: \_\_\_\_\_

**Release Authorization:**

I authorize St. Joseph by-the-Sea High School to release my official records as needed to fulfill my request.

\_\_\_\_\_  
*Signature* *Date*

Official Transcript Fee: **\$6.00/copy**  
Please make checks payable to:  
St. Joseph by-the-Sea High School

Please send this form with payment to:

Transcript Request  
St. Joseph by-the-Sea High School  
5150 Hylan Boulevard  
Staten Island, NY 10312