Updated 4/13/2015

ST. PATRICK'S SEMINARY & UNIVERSITY
OFFICE OF THE REGISTRAR

OFFICIAL TRANSCRIPT REQUEST FORM

(Please mail form and payment to the Office of the Registrar.)

Name _____
First *Middle* *Last*

Address _____

_____

_____

Telephone # _____ Date of Birth _____

Last 4 digits of SSN _____

Please process my records of:

St. Patrick's Seminary Yes ☐

Years of attendance _____to_____

No. transcripts to request _____

St. Joseph's College Yes ☐

Years of attendance _____ to_____

No. transcripts to request _____

Processing Fee:$12.00 per transcript.
Please make check payable to St. Patrick's Seminary & University

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Mail official transcript(s) to [attach list of additional addresses, if necessary]:

1._____

_____

_____

_____

_____

2._____

_____

_____

_____

_____

I have enclosed a check for $_____

Signature _____ Date _____

♣ In accordance with the Family Education Rights and Privacy Act of 1974, your academic record cannot be released without your written consent. Third party requests for your transcripts will not be honored without your written consent.

Mail to St. Patrick's Seminary & University ♣ Registrar's Office ♣ 320 Middlefield Road ♣ Menlo Park, CA 94025 ♣
♣ Main Office Telephone: (650) 325-5621 ♣
♣ E-mail: info@stpatrickssseminary.org ♣